2	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
÷	150 F	00191 CERTIFICATE OF DEATH 00193
ter death.	the funeral ges 1 and 2 after death.	1. PLACE OF DEATH a COUNTY. Baltimore County MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission to the county of the county o
24 hours after	s. Pa hours	b. CITY OR TOWN (if outside corporate limits, write RURAL and give hearest town write RURAL and give hearest town) Mount Wilson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE
	tely filled son papers. within 72 h	Mount Wilson State Hospital d. Street Address) d. Street Address Valuable Rel e. IS RESIDENCE ON A FARM? YES NO
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executed	in and comple remove cart in any event,	5. SEX 6. COLOR OR FACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 2-9-94 9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	ysician please r	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 10c. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, or foreign country) 10c. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, or foreign country) 10c. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, or foreign country) 10c. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, or foreign country) 10c. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, or foreign country)
ertifica	Then the ph	13. FATHER'S NAME RATK. Crosman. 14. MOTHER'S MAIDEN NAME THUEF SMITH.
death certificate be	the attending it permit. The	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) (T78-54-063) Records, Mount Wilson State Hospital
law requires that the	een signed by een signed by te burial, crer to burial, crer	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: OO 2 IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO DUE TO DUE TO DUE TO DUE TO
The law re		Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	cert hed t. of	
S. S.	fter the be det	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20m. 20m
DR ATTENDING		21. I certify that (I) (this hospital) attended the deceased from 1 - 16 - 1965, to 1 - 6 - 1967, that (I) (we) las saw the deceased alive on 1967, and that death occurred at 1968, from the causes and on the date stated above
88	2000	22a. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 22c. PHYSICIAN'S 22d. ADDRESS
A =	be, be	Wm. Newcomer, M.D., Superintendent Mount Wilson, Maryland
TO HOS	TO FI dire shot	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial Jan. 9-1967 Addison Chapel 24. FUNERAL DIRECTOR ADDRESS PROPRIES REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending provision and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. These please remave carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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IS. WAS DECEASED	EVER IN U.S. ARMED FORCES?	f service)	SOCIAL SECURITY NO.		INFORMANT		Addre	ss Rand	lalls	town
No	n) (If yes give war ar dates o	2	14-54-4243	LT:	Mrs. Kathryn	e Rank	in-3722	Offut	t Ro	
1B. CAUSE OF	DEATH (Enter only one cou	se per line for	(o), (b), ond (c).)			1				VAL BETWEEN
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NAME (Ty		loodman			1334 Suppl	nur Spr	ing Rd.	21227	7	
3o. BURIAL, CREMA	TION, 23b. DATE THE	D F Ø F	23c. NAME OF CEA	AFTERY OF			TION (City or To		County)	(Stote)
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y is necessary, director. Page or your files. ō Department death. State after refai and 3 to the f the DICAL EXAMINER: This certificate should be executed within 24 hours after death. a certificate, writing the word "pending" in pencil interest 8. Give Pages 1, 2, and 3 to arded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be IRECIOR: Page 3 should be used as a burial-transit pennit. File pages 1 and 2 with 1 ge 5 may be and 2 with t cremation, a certificate, writing the word "pending" arded to the Chief Medical Examiner's OIRECTOR: Page 3 should be used as a blesignated agent, prior to burial, cremation designated should be FUNERAL DEPUTY 6 please 4 shoul O FUN Health

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MEDICAL

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institutions Residence before admission) e. COUNTY b. COUNTY Maryland Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 14 Arrowship Road 14 Arrowship 3. NAME OF Middle DATE Day Month Year DECEASED OF (Type or print) DEATH Anna Rebecca Baldwin Januarv 1967 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 78 yrs. Months | Devs Hours Min. May 22, 1888 Female White WIDOWED DIVORCED IDe. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Rose Annie Rose 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we rordates of service) No 14 Arrowship Road George W. Baldwin 18. CAUSE OF DEATH [Enter only one cause p INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) using + A-8-CV-DISEASE Conditions, if eny, which geve rise to immediate ceuse DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT KELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY PERFORMED NO. 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED Hinter patere of injury in Part I or Part II of itam 18. PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (State) fectory, straet, office bldg., atc.) While Not While Hour em at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | |. Inspection X Inquiry X and in my opinion Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Melvin B. Davis, M. D. 6800 Marnington Road, 1967 NAME (Type)

228. BURIAL, CREMATION, 226. DATE THEREOF

Ullrich Funeral Home, Dundalk, Md.

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or country)

REMOVAL (Specify)
Burial 1/6/67 Loudon Park Cemetery 23. FUNERAL DIRECTOR ADDRESS.

Baltimore, Md.

24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 00198 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY BALTIMORE 2, and 3 to PM3. Page 40 MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) BALTIMORE ARBUTUS UEEKL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE with the State Dep within 72 hours o 8. Give Pages 1, 5516 DOLORES Ave 427 1722 WILKENS Mex 23 3. NAME OF 4. DATE Year DECEASED BARNETTE HNNA MARGARET ANUARY 1967 (Type or print) DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE IF UNDER 24 HRS. NEVER MARRIED birthday) Manths Haurs WIDOWED event 24 hours 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (Stote or foreign country) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT MONTG. WARD COUNTRYS BALTIMORE in any SUPERVISOR 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil certificate should be executed within MARGARET HOFMAN puo 17. INFORMANT
MES, M. LUX-MOTHER, DABSTUS, 140, 15. WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, ar unknown) (If yes give war ar dates af service) removal, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: s a buriol-tronsit p cremation, or ren CANCER OF THE LBDOMEN writing the word BRITH METASTASIS Canditians, if any, which gave should be forwarded to rise to immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? NO E 0 2Dg. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ogent, prior 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Haur a.m. Nat While factory, street, affice bldg., etc.) may be retained for your FUNERAL DIRECTOR: Poge at wark the funeral director. Poge 21. I certify that I took charge af the remains described above, held an Autapsy Inspection 🔀 Inquiry 🔀 and in my apinian Suicide . Hamicide deoth resulted from: Natural causes Accident Undefermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY Heolth or DEPUTY MEDICAL EXAMINER KASAIT Address (Street, city, tawn, ar county) NAME (Type) 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) DATE THEREOF 0 REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00193 The law requires that the death certificate be executed within 24 haurs after death the arending physician and campletely filled in by the funeral sit pennit. Then please remave carban papers. Pages I and deof PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND Kent within 72 haurs after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town)
Owings Mills 13 yrs. Rock Hall d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Rosewood State Hospital Hawthorne Road NO 3 YES Middle 4. DATE 3. NAME OF First Manth Last Day Year DECEASED OF Samuel BATCHELOR Jay 67 19 (Type or print) DEATH S. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED * last birthday) Months Hours Doys 10-24-47 and in any Male White WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign cauntry) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR during mast of warking life, even if retired) INDUSTRY COUNTRY? Kent Co. Maryland

14. MOTHER'S MAIDEN NAME Dependent U.S.A. none 13. FATHER'S NAME William Herbert Batchelor Helen Frances Elbourn 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give wor or dates of service Rosewood Records, Owings Mills, Maryland no none 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN TO ST AND DEATH signed by the burial-transit PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) DUE TO MENTAL RETARDATION (EPILE PSY) burial, Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use CERTIFICATION of Health 405 YES W NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) with the State Dept. 20e. PLACE OF INJURY (Hame, farm. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a.m factory, street, affice bldg., etc.) Not While 21. I certify that (*) (this hospital) attended the deceased from_ 10-20 . 1967, that (b) (we) last , 19.53 , ta 1-13 19 67, and that death occurred at 8: 30eM, from causes and on the date stated abave. 1-13 saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 1-13-67 DIRECTOR M.D. PHYS. director, page shauld be filed 22d. ADDRESS 226. PHYSICIAN'S NAME (Type) Rosewood St. Hosp., Owings Mills. Md. Harry G. Butler, 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, . DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE

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death. directo	R	23a	BURIAL, CREMATI REMOVAL (Specify) Burial	ON, 236. DATE THER 1/25/		St. Luke!				sterst			,	itata)
VR A1S 15M 7-0	11/1	24	FUNERAL DIRECTOR	's SIGNATURE	2	Address Owings M	ill	S, Md DATE		1967 REG		SIGNATI	Jud	ge

20 SAR sout home di olicas estendiche diche plusje ve . The shered come. M. . are balancing to the . Sunt S sympalia .V. h bidogalaso innight. niutio oridinacolu Band. V. band. 22 Line 22 . Marsh The same of the sa Martin E Stratel the first of the court of the first of the form of the form of the first of the form of the first of the firs St. Long! c Commutent Paletterst sed. ad. Tack to the second of the seco

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

UUI	99			CER	HIFICALL	OF DEATH			00:	201		
1. PLACE O		more			MARYLAND	2. USUAL RESIDENCE (V o. STATE Man	Where deceos	ed lived, if instituti b. COUN	THE		odmissio more	
b. CITY (write	R TOWN (If autside RURAL and give ne Baltimor	arest tawn)		c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If our Balti	tside carpora Lmore	te limits, write RUR	AL and give	nearest	tawn)	1
d. NAME	OF HOSPITAL OR IN	STITUTION (If nat	t in haspital, g	ive street address)	d. STREET ADDRESS				6	IS RESID	ENCE
14	3 Oaklee	Village	9			143 Oak1	lee Vi	llage		1	ON A FA	NO X
3. NAME C DECEASE (Type or	D	Firs	BAT	Middle ZER		Last	4. DATE	Month January		Day 967	Yea	
S. SEX	·	OR OR RACE	7. MARRIED	X NEVER MAR	RIED	B. DATE OF BIRTH	9.	AGE (In years	IF UNDER	1 YEAR	IF UNDER	_
Ma 1	e Wh	ite	WIDOWED	DIVO	RCED .	3-4-1891		1ast birthday) 7.5 yrs.	Months	Days	Haurs	Min.
10o. USUAL (during most Ret	CCUPATION (Give kind of working life, even ired Pip	nd of work done if retired)		ND OF BUSINESS O DUSTRY	R	11. BIRTHPLACE (County &			12. CIT CO	IZEN OF UNTRY?	WHAT	
13. FATHER				113 311		14. MOTHER'S MAIDEN N						
	John Bat					Elizabeth	1					
	CEASED EVER IN U.S. unknown) (If yes gi			SOCIAL SECURITY N		informant r. Bernard C	. Bat	Addre zer, 603		_		
Canditi rise ta	USE OF DEATH (En ART 1. DEATH WAS (IM ans, if any, which g immediote couse the underlying co	CAUSED BY: MEDIATE CAUSE (DUE 1 (a), DUE 1	o) Hypes 10 b)		esterio.	elenotic CVJ				ONS 15	RVAL BET ET AND D GRASS	EATH
PART I	OTHER SIGNIFICAN	T CONDITIONS CO	INTRIBUTING T	O DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVE	N IN PART 1(o)			WAS AUTO PERFORMI S	PSY ED? NO
OR CON	CIDENT WAS UNDERL' TRIBUTING (CAUSE ER, NOTIFY MEDICAL	OF DEATH	20b. DE	SCRIBE HOW INJUR	Y OCCURRED.	(Enter nature of injury in §	Port I or Port	II of item 1B.)				
MED	ME OF INJURY Man Haur o.m. p.m.	19	While at warl	ot work	fac	ACE OF INJURY (Home, farm tary, street, office bldg., etc.)		(City ar tawn)		unty)		State)
	I certify that with the deceased		oital) attend	led the deceos	ed from_ _, and tha	oct. 9 , 1 It death accurred of	9 <u>48</u> , to 8 A M	from causes	and on the	ne date	stated	ve) l abo
	IGNATURE / Cen	recard 7	Yaffe		M.	D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1 / /	ATE SIGNE	D	
		. Kennaı	rd Yaft			5501 Fo		Park Ave		to.,	Md.	
23a. BURIA REMOV	, CREMATION, 'AL (Specify)	23b. DATE THE		23c. NAME OF				CATION (City or Tov		(Caunty)		tate)
	AL (Specify)	1-3-15	707	WOOGL		metery	Bal	timore Co	ounty	, Ma	ryla	nd

Howard H. Hubbard, 4107 Wilkens Ave. 21229

VR A15 (4) 25M 1/67 roson - Inches to the second of the second o

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MEDICAL COLUMN 1.000 . 19 192 . 中国主义 以 18年代 中亚

27.011 ava cantill your deadout dataoni

be executed within 24 haurs after death.

00200

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00202

1. PLACE OF DEAT a. COUNTY					2. USUAL RESIDENCE a. STATE	(Where deced		ion: Residence		ssion)
	Baltimo		MARYL		Mar	ryland				
b. CITY OR TOW write RURAL	N (If outside corporate limi and give neorest tawn)	ts,	c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If				nearest town	,
200000000000000000000000000000000000000	lowson					Ltimore	e 21	234	03.	/
d. NAME OF HO	SPITAL OR INSTITUTION (If I				d. STREET ADDRESS				e. IS RE	SIDENCE FARM?
	St.Joseph	Hospita			289		loughly R	load	YES	NO 🔀
3. NAME OF DECEASED	F	irst	Middle		Lost	4. DATE	Mont			Year
(Type or print)	Char	_	н.		Beck	DEATH		n.		9 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years last birthday)	Months 1	Days Haur	DER 24 HRS. s Min.
Male	White	WIDOWED			12-1-56-95		7 1 - 1.3:			
10o. USUAL OCCUPA during most of work Cetired								IZEN OF WHAT UNTRY? US		
13. FATHER'S NAM	Henry	L. Beck	K		14. MOTHER'S MAIDEN	NAME	Sophia Ho	ffman		
1S. WAS DECEASED (Yes, no, ar unknow	EVER IN U.S. ARMED FORCES? (If yes give war ar dates	of service) 16. 9	SOCIAL SECURITY NO. 5-05-1726		NFORMANT S. Naomi Ri	.gglema	Addre		ame)	
Canditions, if	18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Candilions, if ony, which gave rise ta immediate cause (a), stoting the underlying cause (c) Conditions the underlying cause (c)									
200 ACCIDENT	R SIGNIFICANT CONDITIONS WAS UNDERLYING ING CAUSE OF DEATH	Ch	O DEATH BUT NOT RELATED TO DEATH BUT NOT RELAT	ogen	ous Leukem	ia			19. WAS A PERFO	UTOPSY RMED? NO 🔀
20c. TIME OF Haur	INJURY Month, Doy, Year a.m. p.m.	20d. IN While	Nat While		CE OF INJURY (Home, fo ary, street, office bldg., et		(City or town)	(Cau	ıntγ)	(State)
	21. I certify that (1) (this haspital) attended the deceased fram Jan. 14, 1967, to Jan. 21, 19 67, that (1) (we) last saw the deceased glive an Jan. 21, 1967, and that death accurred at 12:05M, fram causes and an the date stated above.									
22a. SIGNATI		augo	020	М.		MED. DIRECTOR	STAFF PHYS.		ATE SIGNED	7
22c. PHYSICI NAME (T	AN'S	M.Gayo		.D.	7620 Y	ork Ro	ad- Towso	n 212	04, Md	•
23a. BURIAL, CREM REMOVAL (Spo	ecify) 1/24	EREOF	23c. NAME OF CEMET Moreland M	ERY OR Lemon	rial Cemete	ry		more,		(Stote)
24 FLINERAL DIRE		. Balto	ADDRESS Md. 2121	4		JAN 2		golia golia	rles Ju	dge

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prysicion and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

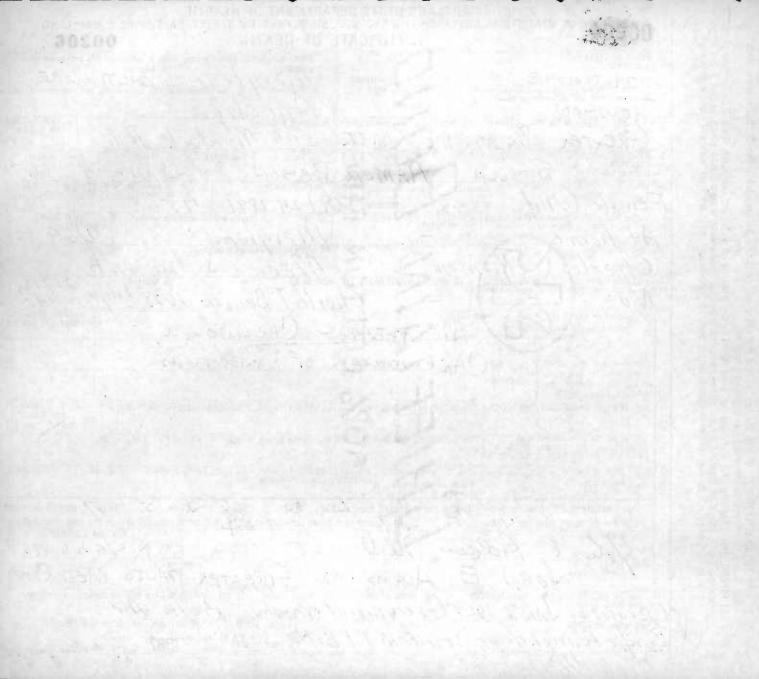
Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00201 CERTIFICATE OF DEATH 00203 funeral s 1 and 2 ter death. ficate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland ician and completely filled in by the fur lease remave carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Overlea Rual OverTea d STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Glenmore Avenue #36 Glenmore Avenue #36 YES NO-F 4. DATE 3. NAME OF Middle Month Year DECEASED 19 67 (Type or print) Becker DEATH IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours WIDOWED DIVORCED 12-27-1880 White 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY ? physician Baltimore, Maryland Electric Ret. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remaval, Mary Jane Bosley Edmund Becker 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. permit. PHYSICIAN: The law requires that the deal Mrs Edith Walters 7515 Kenlea Avenue 36 212-05-3215 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH bullin IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse has been the State Dept. af Health priar to lost. SD 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While ot work O HOSPITAL OR ATTENDING 21. I certify that (1) (this haspital) attended the deceased fram 10 MM 1965 directar, page 3 shauld shauld be filed with the and that death accurred at 1A M, fram causes and an the date stated above san the deceased alive an 220. SIGNATURE DATE SIGNED. ATTENDING MED. M.D. PHYS. PHYS. 22d. ADDRESS 22c/PHYSICIAN'S NAME (Type) GOODMAN 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Itimore Cemetery _9_7967 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) JAN

8.08110 WEDNING SHENNING The second secon

80206 Walls would be had and in all entional iduol MSDL burneller City willed to specially Carl Land on the age Was in the same policy to guide the file 1967 | Warman Bernall Madella de un villadi (1878

MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a COUNTY A by the Pages 1 after 6 b. BOUNTY MORE MO MARYLANO b. CTIY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TDWN /If outside corporate limits, write RURAL and give nearest town) papers. Pag wson .= filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE DN A FARM? 24 0 NO X YES carbon pent, withi within completely 3. NAME OF Middle DATE Month Last Day Year DECEASED event, 0 (Type or print) DEATH U501 196 executed 6. CDLOR OR RACE | 7. MARRIEO 5. SEX 8. OATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove NEVER MARRIEO last birthday) Months I Oays Hours in any and WIDOWED X OIVORCED attending physician a ermit. Then please re on, or removal, and in 10a. USUAL OCCUPATION (Cive kind of work done I 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR BIRT HPLACE (County & State, or foreign country) Peduring most of working life, even if retired) INDUSTRY COUNTRY2 certificate FATHER'S NAME 13. MDTHER'S MAIDEN NAME 14. transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITYNO. 17. INFORMAN Address death (Yes. Mo. Ar unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause pervine for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the been signed by t the burial-transit or to burial, crema ONSET AND CEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) **OUE TO** Conditions, if any, which rise to immediate as the l DUE TD cause (a), stating the underlying cause last. has (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. use for use Health certificate PERFORMED? NO T the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) Po DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. o this MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, | 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After ATTENDING p.m 19 at work at work retained o g 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at & M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. pe page ATTENDING MEO. M.D. PHYS. OIRECTOR Page 4 may O HOSPITAL FUNERAL director, pr PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. OATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 EMITTION FUNERAL DIRECTOR 25a. REC'O BY RECISTRAR 25b. RECISTRAR'S SIGNATURE VR A15 (4) DATE 1/65 20M



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0205	CERTIFICATE	OF	DEATH

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0	33	6	13	4
-	~		-	-

T	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, it institution: Kesider	nce before odmission)						
	a. COUNTY BAITIMORE	MARYLAND	a. STATE Maryland b. COUNTY Ballimore							
	b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and giv	e neorest tawn)						
	write RURAL and give nearest tawn)	17 days	QUINK SM.115							
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspi	tal aire street address	d. STREET AODRESS	e. IS RESIDENCE						
	d. NAME OF HOSPITAL OR INSTITUTION (IT hat in haspi	idi, give sireer address)	ON A FARM?							
	DPring Grove Hosp		tairview tarms	YES NO						
3	. NAME OF First	Middle	Last 4. DATE Month	Day Year						
L	(Type ar print) Dan	-RANKHIN 1	Myer DEATH	22 1967						
S	. SEX 6. COLOR OR RACE 7. MARK	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER							
	/Y\ WIDON	VED OIVORCEO	717/1893 last birthday) Months	Doys Haurs Min.						
1	Da. USUAL OCCUPATION (Give kind of work done	b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12. Cl	TIZEN OF WHAT						
d	uring mast of warking life, even if retired)	MINDUSTRY FINISHER	MARYWAND	DUNTRY? U.S. A.						
1	3. FATHER'S NAME	CALLED THE THE	14. MOTHER'S MAIDEN NAME							
	than 7 Billion	- 11	Angelia Massey							
h	S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT Address (4)	WINS RA						
	Yes, na, ar unknown) (If yes give war ar dates af service)	2 - 2 2 3 C - M	in an Scilling	1 - 4.0						
	Jes unknown	218-09-3497	rs. Hanesivi, 27 mal Kanda	11510cm /Wd.						
	1B. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	e far (o), (b), and (c).)		ONSET AND DEATH						
18	IMMEDIATE CAUSE (a)	rear F	dilute	ONSET AND DEATH						
	493 X DUE TO	0								
. 19	Conditions, if any, which gave) (b)	INES MOR) id							
	rise to immediate cause (a), Stating the underlying cause									
	lost. (c)			F 1						
		NG TO OFATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY						
20	C i		A	PERFORMED?						
3	CN +ONIC	BESTER HOW HALLON OCCUPATION		YES NO						
CEPTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	D. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 1B.)							
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20 Haur a.m. 20	A	E OF INJURY (Home, form, 20f. (City or tawn) (Co	unty) (Stote)						
ME	p.m. 19	Vhile Not While factor work at work	ary, street, office blog., etc.)	Man Waller						
	21. I certify that (I) (this haspital) at	tended the deceased fram		©7, that (I) (we) last						
	saw the deceased alive an	22 1967, and that	death accurred at 2:20M, fram causes and an t	he date stated above.						
	22a. SIGNATURE		22b. D	ATE SIGNEO						
	Certhur (Jan	Certifier (- Lawl). M.D. ATTENDING MED. STAFF 1/22/67								
	22c. PHYSICIAN'S	1 1 000	22d. ADDRESS							
	NAME (Type) H+Thur C. L	amb, Ur. 11(1).	Spring brove 1000)						
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town)	(County) (State)						
	REMOVAL (Specify) 25 191	7 MT. Heise	& Comeley Protesses	med						
-	24. FUNERAL OIRECTOR	ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE						
4	7 6N 001 +1	DA 01	2 md DATE FEB 6 1967 gclia	ela andre						
	ment level of Ila	c. Vendovel	CO THE LED O DOTAL	THE YEAR THE						

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion ond completely filled in by the funeral director, page 3 should be detached for use os the buriol-tronsit permit. They please remove corbon papers. Pages 1 and 2 should be filed with the Stote Dept. of Health prior to buriol, cremation, or removal, and in ony event, within 72 hours after deoth Poge 4 moy be retained by the hospitol or ottending physicion.

VR A15 (4) 20 M 1/66

A CONTRACTOR OF THE PARTY OF TH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00208 00206 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY any delay is , 2, and 3 ta n PM3. Page BALTIMORE Maryland land2 with the State Department of MARYLANO b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5 yrs Lutherville Lutherville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office alang with farm 00 YES 🗌 Give Pages 202 E. Seminary Avenue 202 E. Seminary Avenue NO This certificate should be executed within 24 haurs after death. NAME OF First Middle Last OATE Doy Year DECEASED OF ADELE E BIRD MARGARET 19 67 DEATH January (Type or print) S. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED # NEVER MARRIED 10st birthdoy) 52 yrs. Months Item 18. Hours 9-7-14 after death Female White WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY Okalona, Ark . = the certificate, writing the ward "pending" in pencil ii 4 shauld be farwarded to the Chief Medical Examiner 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME J.E.Cooper Velma Young 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) event within 577-36-2594 Carroll Bird, Lutherville, Md. CAUSE OF OEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART 1. OEATH WAS CAUSEO BY: INTERVAL BETWEEN burial-transit ONSET AND OEATH Acute ethylism IMMEDIATE CAUSE (o) DUE TO any Conditions, if ony, which gove (b) rise to immediate couse (o), .= **OUE TO** O. stoting the underlying couse and GS be used remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES X NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 shauld Gr PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH crematian, MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While may be retained for yaur FUNERAL DIRECTOR: Page please execute ot work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection Inquiry and in my apinian Natural causes X the funeral director. death resulted_fram: Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER Health priar ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE January 1, 1967 DEPUTY MEDICAL EXAMINER Charles S. Springate, M.D. **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, (County) (State) 0 Dulaney Valley Cockeysville, Md'. MANDWAL (Spicify) 1-4-67 40 256. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5). JAN Wm. Cook-Brooks Towson, Towson, Md. 6M 1/67

tems 18&21 Film 385 1-37MARYLANDSTATE DEPARTMENT OF HEALTH

A CONTRACTOR OF THE PROPERTY O ROSSO WITH THE RESIDENCE OF PERMITS OF STREET Section 1 Specy at 167 , = 7 To Charles to Special sea, 1971. 7 ----- II. Dasse remain Course Course Up.

_	1 (1	M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
_=	E 27	7	00207 CERTIFICATE		0209					
hours after death	and		1. PLACE OF DEATH a. COUNTY BALTO	2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE b. COUNTY	Residence before admission)					
afte	by the Pages Irs afte		10.47.2010	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give nearest town)					
ours	in by S. Pag hours		GARRISON 17MO 29DAYS	BALTO,	e. IS RESIDENCE					
24	filled i papers. hin 72 h	90	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) FOXLEIGH NUCSING HOME	3830 Park Tets ave	ON A FARM?					
withir	carbon sert, with		3. NAME OF First Middle CEASED (Type or print) Ann Evans R.	Bloc (DATE Month OF DEATH I	Day Year 7 19 6 7					
be executed within	and compl remove car any event,		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (in years IF UNDE last birthday) 72 yrs.	R 1 YEAR IF UNDER 24 HRS Days Hours Min.					
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ficat				14. MOTHER'S MAIDEN NAME						
certi	re Hair		George Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	Georgeanna Berry NFORMANT Address						
eath	the attending ph it permit. Then nation, or removal			Georgeanna Carberry, 5960 D	aywalt Ave.					
the d	y the sit p		18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: AMMEDIATE CAUSE (a) Cavabra Va	scular Accident	INTERVAL BETWEEN ONSET AND DEATH					
s that	signed signed urial-tra		Conditions is any which b	lerosis	unKurust					
require	been sthe but		gave rise to immediate cause (a), stating the DUE TO	120313						
ne law	ifficate has for use as Health price	2	Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTDPSY PERFORMED?					
SIAN: TI	of the p		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part 1 or Part II of Item 1						
ATTENDING PHYSICIAN: The law requires that the death control by the house of the death control by the death control by the house of the death control by the death co	of the nospi offer this cer be detached State Dept. o		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE factory	E OF INJURY (Home, farm, 20f. (City or town) (C	ounty) (State)					
DION	O		21. I certify that (I) this hospital) attended the deceased from		67, that (D)(we) las					
ATE	ECTOR: A 3 should with the		saw the deceased alive on 1-5 1967, and that of	death occurred at 3:45 PM, from the causes and on	the date stated above					
W H	DIRE DIRE		David I miller M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 1	-7-67					
0. <	ERA or,	1	22c. PHYSICIAN'S NAME (Type) David I. Milla	Liusan Rd. Owing						
TO H	TO FUN direct should	P	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL REMOVAL (Specify) 1/10/67 Druid Ridge Co	emetery Pikesville, Balto.						
UF	D A1E //\	B	24, FUNERAL DIRECTOR ADDRESS B Veryon Ceremon 4611 Park Heights Av. Balt	to Md 25a. REC'D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE					
	R A15 (4) 5M 4-64	-	a perior deminary	DATE TO 1907	Mely Judge					

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00208 CERTIFICATE OF DEATH 00210 death, requires that the death certificate be executed within 24 haurs after death. and ? 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) and campletely filled in by the funeral remove carban papers. Pages 1 and PLACE OF DEATH Baltimore o. COUNTY o. STATE b. COUNTY Maryland MARYLAND Anne ARoade c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Linthicum Heights 21090 luk. OWSON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS St. Joseph Hospital YES NO W. Shipley Road 3. NAME OF First Middle Lost DATE DECEASED 175 Blumenberg (Type or print Ethel C. DEATH January 1967 S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 2-15-13 White Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)

Homemaker INDUSTRY COUNTRY? please ysician Own Home Ohio (Limaville) HSA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, signed by the attending phy burial-transit permit. Then Jesse D. Clark Grace Green Same IS WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address as (Yes, no, or unknown) (If yes give wor or dotes of service) #2 Mr. Karl F. Blumenbern (Husband) 300-01-0178 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Generalized peritonitis IMMEDIATE CAUSE (o) DHE TO Conditions, if ony, which gove acute appendicitis. rise to immediate couse (a). DUF TO as the prior tak stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Uremia due to chronic glomerulonephritis YES X NO T TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work shauld be 21. I certify that X (this haspital) attended the deceased fram Jan. 9 10 toPMan. 17th, 1907, that M (we) last sow the deceased alive on Jan. 17 th 1967, and that death accurred of 11:50M, from couses ond on the date stated abave. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. I January 18, 1967 director, page 3 should be filed w M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Lawrence F. Misanik, M.D. 7620 York Rd., Baltimore, Md. 21204 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) REMOVAL (Specify) Glen Burnie, Maryland Jan. 21, 1967 Glen Baven Memorial Pk 25b. REGISTRAR'S SIGNATURE ON SEE 2So. REC'D BY REGISTRAR SingletoMPRFuneral Home 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE JAN Glen Burnie, Md.

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- For H	00209 CERTIFICATE OF DEATH
ter death. he funeral s 1 and 2 frer death.	1. PLACE OF DEATH a. COUNTY BALTIMORE MARYLANO 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND b. COUNTY
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ited within completely ve carbon event, with	3. NAME DF DECEASED (Type or print) CECELIA BERTHA BOLTON 4. OATE Month Oay Year BERTHA BOLTON DEATH JEWURRY 30 19 67
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E. 3	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY? COUNTRY? ATHOME 11c. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY? COUNTRY? ATHOME 11c. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY? COUNTRY? COUNTRY?
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	gave rise to Immediate cause (a), stating the underlying cause last. OUE TO Arterios clerotic Cardiovaseular Disease
The cate	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CIAI Septiment Centre C	202. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 of Part 11 of Item 18.) Consider the contribution of Cause of Death (IF Either, Notify Medical Examiner)
	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 4 work 20f. (City or town) 20f. (City or t
ATTENDING retained by CTOR: After should be vith the Stat	21. I certify that (I) (this hospital) attended the deceased from 1-28, 1967, to 1-30, 1967, that (I) (we) last saw the deceased alive on 1967, and that death occurred at 4PM, from the causes and on the date stated above.
TTAL OR AI may be re MAL OIREC; page 3 s	22a. SYGNATURE M.O. ATTENDING MEO. STAFF 22b. OATE SIGNED 1-30-67
F 4 7 2 2	PHYSICIAN'S MANUEL A. GONGON 22de AOORESS NAME (Pype) MANUEL A. GONGON 22de AOORESS Lactor med. Contr
TO HOS Page TO FUN direct	23a. BURIAL, CREMATION, 23b. DATE, THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE, THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) 24. EUNERAL OIRECTOR 25b. REGISTRAR'S SIGNATURE
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F1200 PRIMIRE 3 days SMORT THORE GREATER BALTIMERE HED CTR. 933 W. LOMBARD CECELIA BETHA BOLTON WINDLARY 30 9-13-03 63 1140 BELTIMOR, MD. U.S.A. Housewife 17 11 11 11 JACOB KOUNTERNSKI FELVIOR KEWALENSKI יוואן שודארמש ומעל ש נטא בארם בירם. בידם Holymany Sufaretion scite dindeardist bufarction As lesies clirate Cardiovaseulas Dijass X 1-30-07 LIA. GONGON SELECT SECTIONS TO BE My Town Town Town Town Town Town A STATE OF THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) the attending physician ond completely filled in by the funeral sit permit. They please remove carban papers. Pages I and 1. PLACE OF DEATH o. COUNTY o. STATE BALTIMORE MARYLAND MARYLAND WITCOMITCO b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 269 DAYS FORT HOWARD SALTSBURY d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL SOUTH DIVISION STREET YES NO IN 3. NAME OF First Middle Lost 4. DATE Month Year DECEASED 1967 LEONARD **BOZMAN** DEATH JANUARY (Type or print) S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Hours JULY 15. 1891 WHITE MAIE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY PRINCESS ANNE. MARYLAND WATERMAN 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME EMORY BOZMAN ANNIE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL (Yes, no, or unknown) (If yes give wor or dotes of service) 220 10 95 04 CLINICAL RECORDS FORT HOWARD, MARYLAND YES 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN burial-transit ECENT ND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA IMMEDIATE CAUSE (o) RECENT & XXXXX MYOCARDIAL INFARCTION Conditions, if ony, which gove OLD rise to immediate couse (o). DUF TO stoting the underlying couse attending O FUNERAL DIRECTOR: After this certificate has been ARTERIOSCLEROSIS MARKED GENERALIZED UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? BENIGN PROSTATIC HYPERTROPHY. DIABETES MELLTTUS, CLINICAL YES X NO be retained by the hospital ar 20a. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While e deceased from MAY 3 , 19 66, ta JAN 27 , 1967, that (1) (we) last 19 67, and that death occurred at 840PM, from couses and on the date stated above. 21. I certify that (1) (this hospital) ottended the deceased from MAY 3 saw the deceased alive an JAN. 27 22b. DATE SIGNED 1/30/67 22a. SIGNATURE **ATTENDING** STAFF DIRECTOR directar, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S GEORGE DUDAS, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) BALTIMORE, MARYLAND BALTIMORE NATIONAL 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAP 24.4 FUNERAL DIRECTOR ZANNINO FUNERAL HOME 257 S. Conkling St. Pattimore, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a STATE BALTIMORE MARYLAND event, within 72 haurs after CLENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, FORT HOWARD and give negrest tawn) 84 DAYS LAURET. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ROUTE 2. BOX 2A VETERANS ADMINISTRATION HOSPITAL NO DE 3. NAME OF Middle 4. DATE Manth Year First Last Day ave carban DECEASED 27 67 EIMER THOMAS BROWN JANUARY 19 (Type ar print) DEATH IF UNDER 24 HRS. S. SFX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last pirthday) Days Hours 1892 WHITE WIDOWED DIVORCED SEPTEMBER 1. MALE attending physician and sermit. Then please rem 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR U.S.A. during most of working life, even if retired) INDUSTRY LAUREL, MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or removal BROWN ELIZABETH SMITH BENJAMIN 17. INFORMANT VA HOSPITAL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give wor or dates of service) YES CLINICAL RECORDS FORT HOWARD, MARYLAND 219 05 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). burial-transit WHERE AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) BILATERAL BRONCHOPNEUMONTA signed by Conditions, if any, which gave UNKNOWN (b) CARCINOMA OF STOMACH rise to immediate cause (a) DUE TO stoting the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been for use as the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION RECENT MYOCARDIAL INFARCTION YES -NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While at wark 21. I certify that (1) (this haspital) attended the deceased fram NOV 1, 19.66, ta JAN. 27, 19.67 that (1) (we) last sow the deceased glive an JAN. 27 19.67, and that death occurred at 515PM, from causes and an the date stated above. sow the deceased alive an JAN. 27 22b. DATE SIGNED 22a. SIGNATURE Y 1-27-67 M.D. DIRECTOR PHYS. , page 3 be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VA HOSPITAL, FORT HOWARD, MARYLAND ZUI-SUN TAO. M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, BURLAL (Specify) LAUREL MARYLAND ST MARY'S CEMETERY 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR **ADDRESS** DONALDSON MARYLAND TALBOT AVENUE, LAUREL,

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MARYLAND STATE DEPARTMENT OF HEALTH Division GraphisTical Research and Records, 301 W. Preston Street, Baltimore, Maryland 21201 00212 00214 CERTIFICATE OF DEATH 24 hours after death death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Baltimore Balto. and in any event, within 72 haurs after MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) REISTERSTOWN c. LENGTH OF STAY IN 16 Reisterstown e. IS RESIDENCE ON A FARM? and completely filled in remave carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS 101 Butler Road 101 Butler Road YES NO K 3. NAME OF First Middle Last 4. DATE Manth Day Year DECEASED Elwood Eugene Brown January 19 67 (Type ar print) DEATH be executed IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIED last birthday) Months Days Haurs Male White WIDOWED DIVORCED Dec. 7, 1931 10a. USUAL OCCUPATION (Give kind af wark dane 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ease during mast af warking life even if retired) COUNTRY **INDUSTRY** attending physician permit. Then please certificate Hampstead, Md. Heav y Machine Operator 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or remaval, Havern Brown Wiona Martin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address requires that the death permit. (Yes, na, ar unknown) (If yes give war ar dates of service) 212-30-5954 Reisterstown, Md. Mrs. Mary A. Brown Mes Korean INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause priar to l FUNERAL DIRECTOR: After this certificate has been irectar, page 3 shauld be detached far use as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION af Health NO 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER directar, page 3 shauld be detache shauld be filed with the State Dept. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m. Not While at wark at wark 21. I certify that (I) (this hospital) attended the deceased fram Appleaule 19 (dec., to farmer 25, 19 67, that (I) (we) last saw the deceased alive an apple 25 19 67, and that death accurred at 12.25 AM, fram causes and an the date stated above. saw the deceased alive and 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) 23a. BURIAL CREMATION. (County) Burial (Specify) 1/28/67 Mt. Zion Cemetert Baltimore Co. Md. 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 1967 J. F. Eline & Sons Reisterstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00216 CERTIFICATE OF DEATH the attending physician and campletely filled in by the funeral sit permit. Unemplease remave carban papers. Pages 1 and 5 The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY Baltimore o. STATE Maryland b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If autside carparate limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 1b Baltimore - 21224 Towson d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) NO J St. Joseph Hospital 7 Ellwood Avenue 3. NAME OF Middle DATE Year DECEASED H. January 19 67 Frederick Buettner DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Manths Days Haurs Male White July 17, 1889 WIDOWED DIVORCED KIND OF BUSINESS OR INDUSTRY Retired: 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Caunty & State, or foreign country) during most of working life, even if retired) COUNTRY? Baltimore, Md. Building Superintendent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Buettner lara? 16. SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, noter unknown) (If yes give wor ar dates of service) Mrs. Lillian Buettner 7 N. Ellwood Ave 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Generalized Peritouitis DUE TO Canditians, if any, which gave Perforation of Adenocarcinoma of / Sigmoid Colon rise to immediate cause (a), DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USe YES Z NO far 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Nat While 19 at wark pe 21. I certify that \$1 (this haspital) attended the deceased fram January 12, 1967, toJanuary 15, 1967, that \$1) (we) last saw the deceased alive an January 15 1967, and that death occurred at 3:25 M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. January 15, 1967 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Reynaldo Orjuela-Gomez. 7620 York Road, Towson 4, Md. directar, shauld be 23c. NAME OF CEMETERY OR CREMATORIZEMELETUS 23d. LOCATION (City or Town) 23b DATE THEREOF (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Baltimore, Maryland Dacred Heart 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Charles 8 Moran, Inc.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) umpletely filled in by the funeral ve carbon papers. Pages I and event, within 72 haurs after deat PLACE OF DEATH o. COUNTY o. STATE b COUNTY Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Lowson 3mos. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM? YES NO [Towson Mursing Home Vista Road Kingsvill 4. DATE Middle 3. NAME OF Last Dov Year DECEASED Marie Burgerding (Type or print) DEATH IF UNDER 1 YEAR IF LINDER 24 HRS 9. AGE (In years S SEX 8. DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Doys Haurs Female White WIDOWED T DIVORCED 8-26-1897 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 12. CITIZEN OF WHAT during most af working life, even if retired) COUNTRY? INDUSTRY Baltimore, Maryland Housewife PHYSICIAN: The law requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, Fredrick L. Frey Pauline C 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) ((If yes give war ar dates of service) 17 INFORMANT 16. SOCIAL SECURITY NO. Ars Marguerite Hess 8809 Ashford 273 1,8 7325 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit castro intestina IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove arcin om rise ta immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 10 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Nat While 21. I certify that (1) (this hospital) attended the deceased fram____ June 1965 to Jan 1967, that (1) (wet las Jan 21 1967, and that death accurred at 7/10/7 M, fram causes and an the date stated above saw the deceased alive an_ 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** -24-67 DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23g. BURIAL CREMATION 23b. DATE THEREOF (Caunty) REMOVAL (Specify) 1-26-1967 timore Cometery 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00216 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY o STATE h COUNTY Maryland Baltimore MARY! AND b. CITY DR TOWN (If autside carparate limits, write RURAL and give negrest tawn)
Caton SVIIIe c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 10mth 22dys Baltimore d. STREET ADDRESS d. NAME DF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? 1421 Hill Street GROVE STAT E HOSPITAL SPRING YES ND T 3. NAME OF Middle 4. DATE Year DECEASED
(Type or print) January 6 67 Marv M. Cadden Louise 19 DEATH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Hours July 19, 1910 female white X WIDOWED DIVDRCED 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR 12. CITIZEN OF WHAT during most of working life, even if retired)

housewife Sec Office COUNTRY? Maryland 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME Carrie George Walfer Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, ar unknown) (If yes give war ar dates af service STATE HOSPITAL 212-01-9953 SPRING GROVE Records: No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Mremia IMMEDIATE CAUSE (a) DUF TO Pyelonephritis, chronic Canditians, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse Diabetes Mellitus, poorly controlled 20 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work ot work 21. I certify that (4) (this hospital) attended the deceased fram Feb. 11 Jan. 6 1967, and that death occurred at M, from couses and on the date stoted obove. sow the deceased olive an_ 22b. DATE SIGNED 22a. SIGNATURE 1-6-67 DIRECTOR GROVE STATE HOSPITAL 22d. ADDRESS SPRING 22c. PHYSICIAN'S NAME (Type) Baltimo re, Maryland 21228 athony Young 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23g. BURIAL, CREMATION REMOVAL (Specify) 1 10 1967 Balto. Md. Loudon Park ADDRESS 2Sg. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Mc Cully 130 E. Fort Age DATEJAN 196

The law requires that the death certificate be executed within 24 haurs after death ond completely filled in by the funeral remove corbon papers. Pages 1 and 2 in any event, within 72 hours after death buriol-transit signed by os the this certificate has been Health 1 þ by the haspitol TO FUNERAL DIRECTOR: After be retoined director, po-

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00219 00217 requires that the death certificate be executed within 24 haurs after death by the funeral Bages I and haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY FLTIMOLD MARYLAND b. CITY OR TOWN (If autside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aufside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) LUTAL - MONKTON PritAL-MONKTON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Monkton Rd., Near Old York Rd. campletely filled Monkton Rd., near York carban 3. NAME OF Middle 4. DATE First Month Dov Year DECEASED 19 6 (Type or print) DEATH -IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED X NEVER MARRIED last birthdoy) Months 1 NOV, 23, 1903 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? FARMER EMPLOYED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME T. CANNADAY PETERS 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 50 RECORDS signed by the atter burial-transit permi burial, crematian, a 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DHE TO stoting the underlying couse has been PHYSICIAN: The law 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO O FUNERAL DIRECTOR: After this certificate be retained by the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (I) (this hospital) attended the deceased from. 1927, ta 1/2/67, 19_, that (1) (we) last director, page 3 shauld shauld be filed with the and that death occurred at A. F.M. from causes and on the date stated obave. saw the deceased alive on, 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) AXXJOU 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) ST. JAMES CEMETER 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR

DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00220 executed within 24 hours after death death completely filled in by the funeral ove corbon papers. Pages I and PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 56 DAYS BALTIMORE FORT HOWARD e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL 3026 BAKER STREET YES | NO TY 3. NAME OF First Lost 4. DATE Doy Year DECEASED OF DEATH ROBERT WALTER CARRINGTON JANUARY 19 67 (Type or print) IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER last birthdoy) Months Hours FEBRUARY 28. MATE NEGRO WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be during most of working life, even if retired) BALTIMORE, MARYLAND Stock boy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN CARRINGTON AMIE PEGRAM signed by the attending WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL (Yes, no, or unknown) (If yes give wor or dotes of service) 214 38 60 61 CLINICAL RECORDS FORT HOWARD, MARYLAND 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BILATERAL LOBAR PNEUMONIA IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse the hospitol or attending MULTIPLE SCLEROSIS YEARS last. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO this certificate Po 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) ot work ot work O FUNERAL DIRECTOR: After O HOSPITAL OR ATTENDING Poge 4 moy be retoined by , 19 66 to JAN 5 21. I certify that (1) (this haspital) attended the deceased fram NOV 10 . 19 67, that (V (we) last 1967, and that death occurred at 915A M, from causes and on the date stated above. sow the deceased alive on JAN 5 22b. DATE SIGNED 1/6/67 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NEILON NEILSON, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) director, ploods 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) 1-10-67 BALTIMORE, MARYLAND BALTIMORE. NATIONAL 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 CHARLES R. LAW FUNERAL HOME 802 MADISON AVENUE, BALTIMORE,

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00221 death. by the funeral Pages 1 and 2 death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH BAITIMORE o. STATEMARYTAND b. COUNTY o. COUNTY MARYLAND executed within 24 haurs after c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If gutside corporate limits. write RURAL and give nearest tawn) 8 DAYS BALTIMORE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM2 and campletely filled in VETERANS ADMINISTRATION HOSPITAL 128 E. BARNEY STREET YES within 3. NAME OF Middle 4. DATE Month Year carban First Lost Dov DECEASED **TAWRENCE** JANUARY 23 67 I. CATLETT DEATH (Type or print S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lest birthday) Months Dovs Hours 3/28/18 MALE WHITE WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) please and physician BALTIMORE, MARYLAND requires that the death certificate SOIDTER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remayal, CLARENCE CATLETT ELLEN CHILDRESS 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give was or dotes of service) 5 216 01 86 97 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit CAUSED BY: IMMEDIATE CAUSE (0) RIGHT LOWER LOBE PNEUMONIA, UNDETERMINED ORGANISM PART SID DEATH PART I. DEATH WAS CAUSED BY DHE TO signed HEPATIC FAILURE Conditions, if ony, which gove rise ta immediate cause (a). DUE TO > stoting the underlying couse be retained by the haspital ar attending has been LAENNEC'S CIRRHOSIS lost. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PEREDRMED? HEART DISEASE. CHRONIC ALCOHOLISM. CHR. PANCREATITIS. ARTERIOSCLEROTIC TO FUNERAL DIRECTOR: After this certificate Įq. 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2De. PLACE OF INJURY (Home, form, (County) (Stote) 2Dd. INJURY OCCURRED (City or town) 2Dc. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (4) (this hospital) attended the deceased from saw the deceased glive on 1/23/67 19 and the ___, that 🗱) (we) last and that death accurred at 12:10 Myrom causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. **ATTENDING** 1/23/67 X M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NEILON NEILSON, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) director, shauld 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) BALTIMORE NATIONAL BALTIMORE, MARYLAND 1 27 CULLY FUNERAL HOME 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967 BAITTMORE DATE

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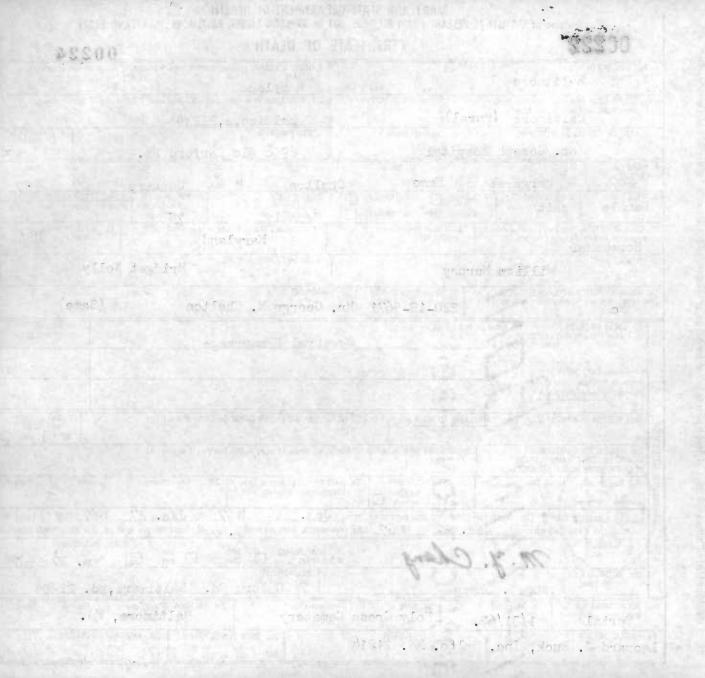
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00220 CERTIFICATE OF DEATH de th law requires that the deoth certificate be executed within 24 hours after deoth and completely filled in by the funeral remove corbon popers. Poges 1 ond 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND c, LENGTH OF STAY IN 16 b. CITY DR TOWN (If outside corporate limits. c. CITY_OR TOWN (If outside corporate limits, write RURAL and give nearest town) wite RURA; and give neprest town) Yrs. e. IS RESIDENCE DN A FARM? d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS within 72 YES NO IX NAME OF Lost DATE Doy Year First OF DEATH DECEASED - 1967 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLDR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years **NEVER MARRIED** lost birthday) Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life; even if refued) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS-OF 11. BIRTHPLACE (County & State, or foreign country) COUNTRYS OVAGE 13. FATHER'S NAME 14. MOTHER'S MAIDEN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) ecoro INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' signed by DUF TO THE LUNGS 1ETASTASIS GA Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse ottending TO FUNERAL DIRECTOR: After this certificate hos been the lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO Po 20o. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. While Not While pe 2-27-1966 to 21. I certify that (I) (this hospital) attended the deceased fram. be refoined should and that death occurred at 470 A. M. fram couses and on the date stated above -10-1961 sow the deceased olive on. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** -10-67 M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S MORTUN FLLIA 629 NAME (Type) director, plnods 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Lorraine Park Woodlawn 3_1067 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 00223 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY LTIMORE ote Department of hours after death. MARYLAND b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) TIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE aminer's Office along with form ON A FARM? Stote [NO ofter deoth. NAME OF First DATE Year DECEASED HARSHA (Type ar print) within DEATH S. SEX 9. AGE (In years 1 YEAR IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Manths Days Haurs hours WIDOWED DIVORCED event land 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY any (MARY LAND HOUSEWIFE 13. FATHER'S NAME within puo 9 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO This certificate should be executed (Yes, na, ar unknown) (If yes give war ar dates of service) or removal. MIONE IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CFREBRO-VASCULYAR INTERVAL BETWEEN ONSET AND DEATH cremation, be forwarded to the EREBRO- UNSCHAR PISEASE Canditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause as burial, c last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO certificote, its designoted ogent, prior to 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) PRIMARY ar CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) Haur o.m. factory, street, affice bldg., etc.) Nat While at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection . ond in my opinion may be retained for Accident . the funerol director. deoth resulted from: Natural couses Suicide . Undetermined monner Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY Heolth or 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) 0 REMOVAL (Specify) GREEN MOUNT MAUSOUNH 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Milianten VR A15ME (5) FFR



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 00225 ond and completely filled in by the funerol remove carbon popers. Poges 1 ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a COUNTY a. STATE b. COUNTY BATTTMORE MARYLAND MARYTAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest tawn) write RURAL and give negrest tawn) 28 DAYS BALTIMORE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 VETERANS ADMINISTRATION HOSPITAL JEFFERIES STREET YES NO TO 3. NAME OF First Middle 4 DATE Manth Year Doy DECEASED ROBERT CLARKE DEATH JANUARY 1967 (Type or print) VERNON IF UNDER 1 YEAR S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years last birthday) IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Manths Days Haurs WIDOWED DIVORCED JUNE 24. 1908 MATE WHITE 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life even if retired) INDUSTRY COUNTRY? BATTTMORE MARYTAND

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removol, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates af service) 20 217 07 62 71 CLINICAL RECORDS FORT HOWARD, MARYLAND YES INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: HEMMORHAGE FROM ESOPHAGEAL TRACHEA FISTULA IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gave CARCINOMA OF UPPER ESOPHAGUS UNKNOWN rise to immediate couse (o), DUE TO stating the underlying couse os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) of Health NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Haur o.m factory, street, office bldg., etc.) Not While at wark at wark 21. 1 certify that (1) (this haspital) attended the deceased fram DEC 7 19 66 to JAN 4 19 67 that (1) (we) last 19 67, and that death accurred at 800P M, fram causes and an the date stated above. saw the deceased alive an JAN-L 22b. DATE SIGNED 1/5/67 22a. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR PHYS. poge e filed ed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MILTON GINSBERG. VAH FORT HOWARD, MARYLAND D. director, p 23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 1/9/67 BALTIMORE ANATIONAL BALTIMORE. MARYLAND BURTAT.

24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR **ADDRESS** 25b. REGISTRAR'S SIGNATURE lianles VR A15 (4) 20 M 1/66 CULLY FUNERAL HOME 1967 FORT AVENUE, BALTIMORE,

requires that the deoth certificate be executed within 24 haurs after deoth

signed by

TO FUNERAL DIRECTOR: After this certificate has been

be retained by

Page 4 moy

the hospitol or ottending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEAR	CH AND RECORDS,		TH ET, BALTIMORE 1,	MARYLAND
00226	CERTIFICATE	OF DEATH	00	228
1. PLACE OF OEATH a. COUNTY A CLE COUNTY B CLE COUNTY CLE COUNT	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	b. COUNTY	alterese
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Balting A. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	LENGTH OF STAY IN 16	c. CITY OR TOWN of outside to Hoo Murloc d. STREET ADDRESS	B Roal	03.1
Greater Baltimaie medica	I Center	Baltimare "	Maryland	e. IS RESIDENCE ON A FARM? YES NO X
DECEASEO (Type or print) anna	N-MN (Date of BIRTH 4. OATI	тн / с	Day Year 25 1967
Temale Care WIOOWED X	NEVER MARRIED 8.	9/18/85	8 / yrs. Months	
	OF BUSINESS OR ISTRY	11. BIRTHPLACE (County & State Baltimare 14. MOTHER'S MAIDEN NAME		CITIZEN OF WHAT
Patrick Kennedy		Mary Ken	nedy	
(Yes, no, or unkown) (If yes give war or dates of service)	-54-34 Pa	NFORMANIARIES Hei	nmul Agr ss 400 Murd	lock Rd.
18. CAUSE OF OEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO	al varoular	failure accident +	Bwnchoveum	INTERVAL BETWEEN ONSET ANO DEATH
underlying cause last. (c) Denote the part ii. Other significant conditions contribution contribution contribution cause of death (if Either, Notify medical examiner)		EN OCUM IS. ED TO THE TERMINAL DISEASE CO	NOITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCUR	RED. (Enter nature of Injury In	Part or Part of Item 1	8.)
	RY OCCURRED 20e. PLACE factory at work	OF INJURY (Home, farm, 20f., street, office bldg., etc.)	(City or town) (Co	ounty) (State)
21. I certify that (I) (this hospital) attended saw the deceased alive on 22a. SIGNATURE		wary 23, 1967, to death occurred at 9.104M, t		the date stated above.
220 PHYSICIAN'S hau L. Rugue	M.D.	ATTENDING MEO. PHYS. DIRECTOR 1 22d. AOORESS /	STAFF	125/67
	ROQUE 30. NAME OF CEMETERY O	6701 N. Cha	OCATION (City, town or co	
BUSEMOVAL (Specify) 1/28/67 24. FUNERAL DIRECTOR			ltimore, Ma	ryland
Mitchell-Wiedefeld Home	6500 York	Da	967 Pharle	TY / 10

Balto.,

Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00227 CERTIFICATE OF DEATH 00229 and completely filled in by the funeral remove carbon papers. Pages 1 and 2 in any event, within 72 haurs after death. requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore, 21234 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 8219 Wilson Ave. St. Joseph Hospital YES NO K 3. NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED 1067 Colwell 13 B. Jan. Vaslan (Type or print) DEATH 8. DATE OF BIRTH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Sast birthdoy) 4/30/15 Male White WIDOWED DIVORCED IDE KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? USA C. & P. Tel. Co. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph B. Colwell Bessie G. Lent 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, Macunknown) (If yes give war and one of service) 216-01-6917 Mrs. Valeria G. Thomas (Same) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary thrombosis, acute. IMMEDIATE CAUSE (o) ____ DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending os the TO FUNERAL DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Severe arteriosclerosis of coronary arteries 2) pulmonary edema YES X NO F for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 2Dd. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work of work 21. I certify that (* (this hespital) attended the deceased fram Jan. 13 1967 to Jan. 13, 1967, that (we) last Van. 13 1967, and that death accurred at 9:30PM, fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. X January 14,1967 M.D. 22d. ADDRESS 22c. PHYSICIAN'S Reynaldo Orjuela-Gomez, M.D. 7620 York Road, Baltimore, Md.21204 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) BMOVAL (Specify) 1/17/67. Parkwood Cemetery Baltimore. Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Leonard J. Ruck. Inc. Balto. Md. 21214 Charles



OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1. CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Rasidance before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest fown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) mortelle within d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO papers. n 72 hou NAME OF Middle Last 4. DATE Month Yeer DECEASED OF DEATH (Type or print) 19 carbon nt, withir 6. COLOR OR RACE 7. MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED and last birthdey) Months Days Hours event, WIDOWED A DIVORCED physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratired) Miner 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. attending pleas and in moun 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyas give wer or detes of service) this certificate has been signed by the permit. attending physician. AB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which geve rise to immediate ceusa DUF TO (e), stating the underlying ceuse lest. WILVAULY EMPH the the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION 8 0 PERFORMED? NO D use YES prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of itam 18.) for OR CONTRIBUTING | CAUSE OF DEATH may be retained by the DIRECTOR: After this 3 should be detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While ō Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from 7/ 1966 to 1967, that (I) (we) last 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR death. Page 4 M.D. rector, page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) DATE THEREOF REMOVAL (Specify) の音る Calle un 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) t hu DATEJAM 20M S-63

AND THE RESIDENCE OF THE PARTY Market States of Mark November 2011 (In the 1999) of the 1999 of the The state of the s A THE STREET AND THE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00229 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) death requires that the death certificate be executed within 24 haurs after death kian and campletely filled in by the funeral else remave carban papers. Pages I and and in any event, within 72 haurs after deat PLACE OF DEATH b. COUNTY o. COUNTY Towsonx BALTIMORE o. STATE Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Baltimore lowson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital, 7620 York Rd. #2120# 8418 Belair Road YES NO To the attending physician and campletely t sit permit. Then please remave carban nation, ar removal, and in any event, with 3. NAME OF Middle 4. DATE First Lost Year DECEASED SISTER M. OCTAVIA CONROY 1967 (Type or print) DEATH Jan. 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 7. MARRIED NEVER MARRIED White lost birthdoy) Months Doys Hours Female 8-15-1887 DIVORCED WIDOWED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done INDUSTRY Religious during most of working life, even if retired) COUNTRY? Philadeaphia. Penna. U.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Conroy Mary Kearney 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes po, or unknown) (If yes give wor or dotes of service) Sister Catherine Rita (Same) cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH Myocardial infarction, acute. IMMEDIATE CAUSE (o). Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by DUE TO burial. Conditions, if ony, which gove Arteriosclerotic heart disease. (b) rise to immediate couse (o), DUE TO stoting the underlying couse as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) MEDICAL CERTIFICATION far use , page 3 shauld be detached far use be filed with the State Dept. af Health NO E Coronary thrombosis, right. YES 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While ot work 21. I certify that (I) (this dospital) attended the deceased from 12-27-66, 19, ta 1-19, 19, 67 that (I) (we) last sow the deceased glive on 1-19-67, 19, and that death occurred at 4:35pM, from causes and an the date stated above ____, 19_67 that (I) (we) last sow the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. 1-19-67 M.D. DIRECTOR PHYS. about 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Arturo Pidlaoan, M.D. 7620 York Rd., Baltimore, Md. 21204 directar, p 23c. NAME OF CEMETERY OR CREMATORY
Holy Redeemer Cemetery 23b. DATE THEREOF 1/23/67. 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION, REMOVAL (Specify) Baltimore, Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Charles VR A15 (4) 20 M 1/66 Ruck, Inc. Balto. Md. 21214

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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1.	PLACE OF DEATH o. COUNTY	DATES CODE			re deceosed lived, if institution: Residen b. COUNTY		
		BALTIMORE	MARYLAND	o. STATE MARYLAN		TIMORE	
	write RURAL gr	lf autside carparate limits, d give nearest tawn)	c. LENGTH OF STAY IN 1b		e carparate limits, write RURAL and give	e neorest tawn)	
_			32 DAYS	BALTIMORE	- Dundark	O 3 - S	
		AL OR INSTITUTION (If not in haspital, g		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
	VETERANS	ADMINISTRATION HO		8053 DELHAV		YES NO X	
3.	NAME OF DECEASED (Type or print)	First FRED	Middle	cooper Sr.	DATE Month OF DEATH JANUARY 31	Day Year 1967	
S.	SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.	
1	MALE	WHITE WIDOWED	DIVORCED M	AY 17, 1894	72 yrs.	boys fiduis Min.	
			ND OF BUSINESS OR	11. BIRTHPLACE (County & St		TIZEN OF WHAT	
aur	ring most of working Retired.	Watchman Coa	DUSTRY L Co.	WOLF COUNT		J.S.A.	
	. FATHER'S NAME			14. MOTHER'S MAIDEN NAM			
	ALFRED F	. COOPER		SARABELLE RO	DRERTS		
15	. WAS DECEASED EVE		SOCIAL SECURITY NO. 17. I	NFORMANT	Address		
(1)	YES	WW-1 40	1 28 91 63 CI	IN. REC. VAH	I, FT. HOWARD, MAR	RYLAND	
	1B. CAUSE OF D	EATH (Enter anly one cause per line far TH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
	IMMEDIATE CAUSE (0)						
	Conditions, if ony, which gave) (b)						
	rise to immediate couse (a),						
	stating the underlying couse (c)						
			O DEATH BUT NOT BELATED TO	THE TERMINAL DISEASE CONDIT	ION CIVEN IN DART 1/a)	19. WAS AUTOPSY	
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) BRONCHOPNEUMONIA. ARTERIOSCLEROTIC HEART DISEASE						
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port	1 or Port II of item 1B.)	YESX NO	
MEDICAL		URY Manth, Doy, Yeor 2Dd. IN While	Nat While foct	CE OF INJURY (Home, form, ary, street, office bldg., etc.)	2Df. (City or town) (Co	unty) (State)	
	21. I certi	fy that (1) (this haspital) attended accessed alive an Jan. 31	ded the deceased fram_ 19_67, and tha	Dec. 30 , 196	M, fram causes and an t		
	22o. SIGNATURE	go Tu	lbest M.		D CTAFF	ATE SIGNED 1/31/67	
	22c. PHYSICIAN'S NAME (Type		T, M. D.	VAH, FORT	HOWARD, MARYLAND		
	REMOVAL (Specify	2/3/67	23c. NAME OF CEMETERY OR BALTIMORE I	IATIONAL	23d. LOCATION (City or Town) BALTIMORE, MAR		
	4. FUNERAL DIRECTO		DUDA FUNERAL	HOME: 2So. REC'D BY	0 4 40000 [877]	SIGNATURE Quedas	
-	John J. D	uda 7922	WICE AVENUE	BATTITION DATE	B 1 1961 gcca	1	
			TO THE TOTAL TO THE TANK OF TH	ACTION OF THE			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retoined by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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		12/46/E

VR A15 15M 7-62

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

					00233				
a. COUNTY	ATH A		2. USUAL RESIDEN	ICE (Where decessed lived, If b. COUN					
	Howard Juli	more MARYLAND	Maryland	Baltimore					
b. CITY OR TOW	'N (if outside corporate limits.				e RURAL and give neerest town)				
	and give neerest town)				121				
	SVILLE	not in hospital, give street address)	Baltimore d. STREET ADDRESS		o. 15 RESIDE				
					ON A FA				
The second secon	ry Retreat, 2	00 Bloombury Ave.	8346 Ridg	gely Oak Road	YES NO				
3. NAME OF DECEASED (Type or print)	Lillie V. C	Middle oursev	Lest	of DEATH Jan.					
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 H				
Female	White	WIDOWED A DIVORCED	Nov. 14, 1880	last birthday) 86 yrs.	Months Deys Hours M				
dona during most of	PATION (Give kind of work f working lita, even if retired	106. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN OF WHAT COUN				
Home	maker	Domestic	Maryland		USA				
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	INAME					
	UNKOWN		III	NKNOWN					
15. WAS DECEASED	EVER IN U.S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 17.		Address					
	(If yes giva war or datas of sar	vice)		11 (Daughter)	Same				
18. CAUSE O	F DEATH [Enter only one of	ausa par line for (a), (b), and (c).]			INTERVAL BETWEE				
PART I. D	EATH WAS CAUSED BY:	ARTERIO SCLECO	TIC. CV	NISTAGI	ONSET AND DEAT				
1121	1/201								
7 -	DUE TO	CENTO 111073	-1 KOT-0.	in CFRACIL	1 / SVA				
	Conditions, if eny, which (b) CENER ALIZES BRIERIO SCLEROSIS / SY								
	gave rise to Immediate cause (a), stating the underlying DUE TO								
cause last.									
Z PART II. OT	HER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTO				
WIN VIRI	CINITIUE:	7 A- PARAX	110 CUST	TITIS	PERFORME YES NO				
E 20a ACCIDENT	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)								
OR CONTRIBUTI	NG CAUSE OF DEATH	200 DESCRIBE HOW HOOK! OCCURE	Service induces of injury in	75.7 51 101 11 01 11011 10.)					
20c. TIME OF I			ACE OF INJURY (Home, ferr ctory, street, office bldg., etc		(County) (Stat				
p.	m. 19	et work at work	1	1					
21. I certify	21. I certify that (I) (this hospital) attended the deceased from 1966 to 1966 to 1966, that (I) (we) la								
saw the dec	eased alive on	17 5-19.6 , and the	t death occurred at	7.M, from the causes	and on the date stated ab				
22a. SIGNATU		- 0			22b. D/				
41111	Paul P.	Ziegler	W.D.	MED. STAFF DIRECTOR PHYS.	SI				
22c. PHYSICIA NAME (T		ZIEGLER	22d. ADDRESS 200 CHEST	TYUT HILL L	S. ELLICOTTCITY				
23a, BURIAL, CREM	ATION, 236. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (Stete)				
Burial	Jan. 9,	1967 Lorraine Par	k Cemetery	Baltimore, 1	Id.				
24 FUNERAL DIREC		ADDRESS	25e. RE	C'D BY REGISTRAR 256, RE-	GISTRAR'S SIGNATURE				
	K. Seitz 520	9 York Road	DATE	1441 1 0 4007	001 0				
Seitz F	uneral Home	Bolto. Md. 21212	IDAIL	144 11196/	Mingela, Just				

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institu COUNTY b. COUNTY Baltimore MARYLAND CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Paul Street 3501 Stella Maris Hospice YES NO X NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 19 Agnes Covne 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED ast birthday) Months WIDOWED A DIVORCED Aga. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, evan if ratirad) Dir. of Claims Statistics Veterans Adm. USA Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending plea Susan Winters George W Wilkinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Hospice records 1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b)/end (c).] Š INTERVAL BETWEEN ONSET AND DEATH signed PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ial-transit **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? 0 YES T NO T 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) be retained o fectory, street, office bldg., etc.) Whila Not While DIRECTOR: at work at work p.m. Dept Pe P shoul saw the deceased alive on... Jan. 18.1967.19, and that death occurred at 5.500. Arom the causes and on the date stated above. 22e, SIGNATURE DATE ATTENDING SIGNED death. Page 4 HOSPITAI PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, 201 - Jopes Rd. Towern Robert J. Wahan. MD 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) P dig REMOVAL (Specify) ALTIMORE. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE H.W. MEARS & SON 805 N. CALVERT VR A15 (4) 20M 5-63

ARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00233 CERTIFICATE OF DEATH 00235 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b COUNTY MARYLAND Maryland Baltimore c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carparate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest tawn)
Catonsville 20vr8mth3dvs. Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? SPRING GROVE STATE HOSPITAL 1809 Linden Avenue YES NO 3. NAME OF First Middle 4. DATE Lost Month Year DECEASED OF DEATH Lula (Type or print) Crane January S SEX 9. AGE (In years IF LINDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 60 birthdoy) Months Dovs Hours female white Feb. 10, 1906 WIDOWED XX DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY North Carolina housewife II. S 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME W.H. Wagner Disia Greene IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give wor or dotes of service) Records: SPRING STATE GROVE HOSPITAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Bronchopneumonia IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES IX NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While 19 at work at work 21. I certify that (*) (this haspital) attended the deceased fram_ , 19.67, that (Mr (we) last May to Jan. L saw the deceased alive an Jan. 1 19 67, and that death accurred at M, fram causes and an the date stated above 220 SIGNATHEE 22b. DATE SIGNED ATTENDING STAFF PHYS. 1-4-67 M.D. PHYS DIRECTOR 22d. ADDRESS GRO VE STATE HOSPITAL Young, M.D. NAME (Type) Anthony 8. Baltimore, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)

2Sb. REGISTRAR'S SIGNATURE

250. REC'D BY REGISTRAR

DATEJAN

O FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 20 M 1/66

director, page shauld be filed

24. FUNERAL DIRECTOR

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY delay is ond 3 to Poge LTO. MARYLAND Stote Deportment b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) BALTE EDGEMERE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? miner's Office along with farm 7929 450VEIX 2510 in Item 18. Give Poges SNUDER YES NO Z be executed within 24 hours after death. NAME OF Lost DATE Month Dov Year DECEASED LOUISE CRIEKENBERGER JAN 18 1967 (Type or print) DEATH 9. AGE (In years SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Dovs within 72 hours after death. WIDOWED IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? NURSE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ALLSE BA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service permit. 213-38-4930 EARL CRIEKENBERGER ABOUE 18. CAUSE OF DEATH (Enter only one couse per lies for (o) (b) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH any event IMMEDIATE CAUSE (a) This certificate should writing the word Conditions, if ony, which gove rise to immediate cause (a). 0 = DUF TO stating the underlying couse forwarded puo last be used 19. WAS AUTOPSY PERFORMED? removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL CONDITION GIVEN IN PART 1(a) please execute the certificate, NO 4 should be 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should PRIMARY Or CONTRIBUTING cremation, or MEDICAL EXAMINER: CAUSE OF DEATH 2Dc. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page ot work 21. I certify that I taak charge of the remains described above, held an Autapsy [Inspection and in my opinion death resulted from Notural Accident Suicide Hamicide Undetermined manner funerol director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Drior SIGNATURI TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health moy Address (Street, city, town, or county) the 23d. LOCATION (City or Town) 23o. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY 50 REMOVAL (Specify) 1/21/67 BURIAL 24. FUNERAL DIRECTOR LAWIN 25b. REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR **ADDRESS** VR A15ME (5) 6M 1/67 Soms 300 MACE

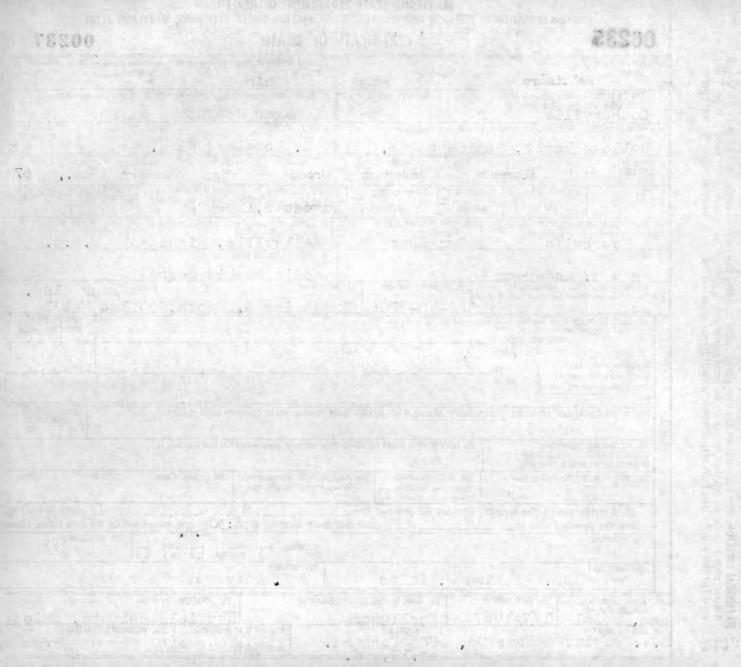
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Thems 11, 21, 225, Film G384 1/17/67 mh

CERTIFICATE OF DEATH 00235 00237 death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 hours write RURAL and give nearest town) Shaker Heights Luthervil IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS N. Moreland NO I College Manor. Seminary 4. DATE 3. NAME OF First Middle Lost Month Doy Year DECEASED 6th., 19 Anderson Florence Cross January (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** birthdoy) Months Dovs Hours W August 6,1882 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** Belleville. Michigan Home Housewife Own 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Addie Sophia Moore Fred S. Anderson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Bank Bldg. (Yes, no, or unknown) (If yes give wor or dotes of service) S. Cross, 900 No CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use CERTIFICATION YES [NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While pe 21. I certify that (1) (this hospital) oftended the deceased from MULLS 19 0 1 to 19 that (I) (we) last be retained 19 64, and that death accurred at 8:30M, from causes and an the date stated above. saw the deceased alive on 22b. DATE SIGNED 6 22o. SIGNATURE **ATTENDING** DIRECTOR M.D. 22d. ADDRESS TO HOSPITAL Page 4 may 1 22c. PHYSICIAN'S University Parkway Dr. William Fritz NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION, em Buria Knollwood Mayfield Heights. Ohio 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR & Sons Co. 5 York Rd. Charles VR A15 (4) 20 M 1/66 .Jenkins DATE . IA

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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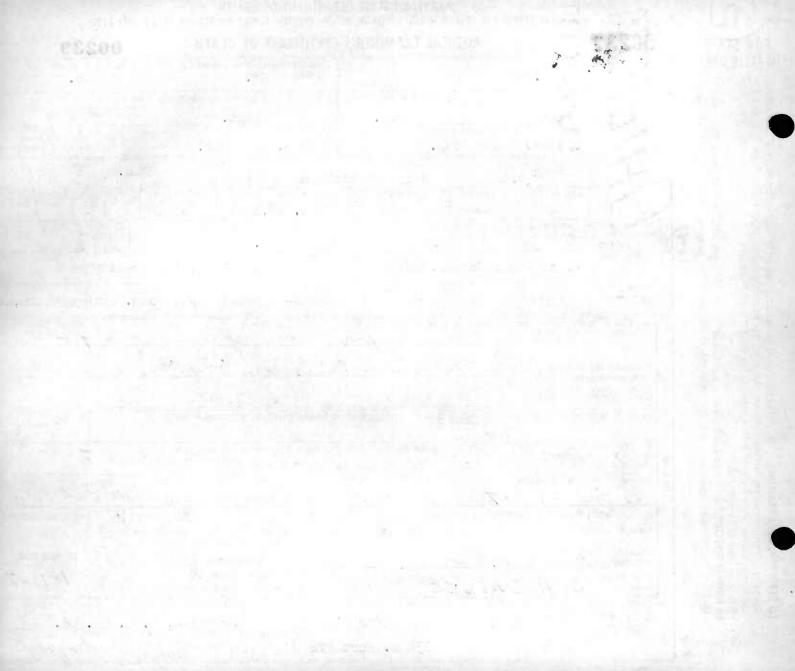
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Charles



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FICATE OF DEATH should USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY by the and 2 death. Baltimore MARYLAND b. CITY OR TOWN (if outside corporate timits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) filled in I Pages 1 urs after Towson Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give strast address) papers. Pag in 72 hours a d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1209 Valley Stella Maris Hospice YES NO completely 3. NAME OF First DATE Middla Year DECEASED OF carbon pa (Type or print) DEATH 19 Margaret Cunningham IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years and 7. MARRIED NEVER MARRIED last birthday) Months event, WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired Nurse Maid Rosecommon, Ereland USA please .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and James Bridgett Boland A. Cunningham Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. removal, 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgivawarordatasofservica) may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the 3 should be detached for use as the burial-transit permit. I se State Dept. of Health prior to burial, cremation, or remov Hospice records 18. CAUSE OF DEATH |Enlar only one cause per line for (a), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES | NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Entar natura of injury in Part I or Part II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20a, PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20f. (City or town) (County) (Stata) factory, streat, office bldg., atc.) Whila Not Whila at work at work 21. I certify that (I) (this hospital) attended the deceased from Jan. 19., 1954, to 1/27/67...., 19...., that (I) (we) last 167 19 and that death occurred at 2:05P from the causes and on the date stated above. saw the deceased alive on... DATE 22a. SIGNATUR page 3 s ATTENDING SIGNED STAFF TO FUNERAL I director, page 3 be filed with the HOSPITAL PHYS. DIRECTOR PHYS. 1/26/67 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) Robert J. Mahon. 201 E. Joppa Rd. owson 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Burial 1-28.67 New Cathedra Baltimore Baltimore
258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Wm. Cook-Brooks Towson, Towson, Md. 21204

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00230

CERTIFICATE OF DEATH

Ci Ci Ci Ci Ci	The second secon				0441						
1. PLACE OF DEATH				(Where deceased lived, if institut		odmission)					
o. COUNTY	Baltimore	MARYLAND	o. STATE Man	ryland b. cou	N17						
b. CITY OR TOWN	(If autside carporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)								
	id give nearest tawn)	23yr6nth29dys	Baltimon	re	3	1.4					
	TAL OR INSTITUTION (If not in		d. STREET ADDRESS		e.	IS RESIDENCE					
SPRING	GROVE STATE	HOSPITAL	3921 Yo	olando Road	. YE	ON A FARM?					
3. NAME OF	First	Middle	Last	4. DATE Man		Year					
(Type or print)	Annie	Cu	irry	DEATH Jan	uary 31	19 67					
S. SEX	6. COLOR OR RACE 7.1	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		Hours Min.					
female	white W	VIDOWED DIVORCED	Sept. 6, 1	1877 89 yrs.							
	N (Give kind af work dane	1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	y & Stote, or foreign country)	12. CITIZEN OF \	WHAT					
during most of working housew	116	INDUSTRY	Maryland			COUNTRY?					
13. FATHER'S NAME		NAME									
Frank	Kohler		Elizabet	th Kunigunda							
1S. WAS DECEASED EV	ER IN U.S. ARMED FORCES?		NFORMANT	Addr	ess						
(Yes, no, or unknown)	(If yes give wor or dates af serv	219-54-3083 Re	cords: SPRI	ING GROVE ST.	AT E HOSPI	TAL					
	18 CAUSE OF DEATH (Enter only one cause per line far (a). (b), and (c).) INTERVAL BETWEEN										
PART I. DE	PART I. DEATH WAS CAUSED BY: Artarioscleptic cardiovascular disease ONSET AND DEATH										
422	IMMEDIATE CAUSE (a) DUE TO				-emilia emilia						
	Conditions, if any, which gave) (b) Generalized arteriosclerosis										
	rise to immediate cause (o), stating the underlying cause DUE TO										
last.	(c)										
PART II. OTHER S		IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. V	VAS AUTOPSY					
NOIL	PERFORMED?										
CESTIFICATION OB CONTROL MATERIAL MATE	AS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)							
OR CONTRIBUTIN	G CAUSE OF DEATH MEDICAL EXAMINER)										
	IURY Month, Day, Year	20d. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, far	m, 20f. (City or tawn)	(County)	(State)					
용 Hour o	.m.	While Nat While fact	ary, street, affice bldg., etc								
Р	21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
saw the	21. I certify that (X) (this haspital) attended the deceased fram July 2, 1943 to Jan. 31, 1967, that XI) (we) last saw the deceased alive on Jan. 31 1967 and that death accurred at 2.0 M, from causes and an the date stated above.										
22a. SIGNATURI				P•	22b. DATE SIGNED						
	Stella	Wachsler M.	D. PHYS.	MED. DIRECTOR PHYS.	2-1-67						
22c. PHYSICIAN	S	171 3 35 D	22d. ADDRESS S	PRING GROVE		SPITAL					
NAME (Typ	e) Stell	a Wachsler, M.D.	В	altimor, Mar	yland 2122	28					
230. BURIAL, CREMAT		23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	wn) . (Caunty)	(Stote)					
REMOVAL (Specif	YL FFR31	1967 NEW CATHO	EDRAL CEI	M OLD FRED	ERICKRE	MD					
24. FUNERAL DIRECT	OR 1 20	ADDRESS	2So. REC	D BY REGISTRAR 2Sb. R	ECICTOAD'S SIGNATINE	0.100					
11) 11:	11 Bro da	· ISON FLAMA	ARN ST DATE	FFB 3 1867	Climbe	Judge					

VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

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١.	PLACE OF DEAT	TH .				AL RESIDENC	CE (Where de			Residence	before e	edmis
	Balti			MARYL	AND e. ST.	Maryla	and	b. COU	Bal	Ltimo	re	
	b. CITY OR TOWN write RURAL an	(if outside corporata lind give nearest town)	mits,	c. LENGTH OF STAY	IN 16 c. CIT	Y OR TOWN (I		orate limits, writ	e RURAL a	nd give ne	arest tow	vn)
u	ral - Bal	Ltimore Hig	hlands	48 year	rs Rura	1 - Balt	timore	Highlan	ds		13-	1
	d. NAME OF HOSP	PITAL OR INSTITUTION	(if not in hospit	tel, give straat eddres	s) d. ST	REET ADDRESS				T	e. IS RI	
	2926 Ohio	Avenue			292	7 Georg	ia Aver	ue			YES	A FAR
3.	NAME OF DECEASED	Fir	st	Middla		Last	4. DATE OF	Mont	h	Dey	Yeer	,
	(Type or print)	Hele	n	M.	Da	allas	DEATH	January	30t	th.	196	67
S.	SEX	6. COLOR OR RAC	E 7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH	9.	AGE (In yeers last birthdey)		The same of the same	F UNDER	
	Temale	White	WIDOWED	DIVORCED	□ Februar	ry 9. 19	918	LS yrs.	Months	Deys	Hours	Min
10	e. USUAL OCCUPA	TION (Give kind of we working life, even if reti	rk 10b. KIN	D OF BUSINESS OR II	NDUSTRY 11. BIRT	HPLACE (Count		foreign country	12. Cl	ITIZEN OF	WHAT C	COUN
	Seamstr	And the second s	-,	rd Uniform	Co. Ma	aryland			T	J. S.	A.	
13	FATHER'S NAME				14. MOTI	HER'S MAIDEN	NAME					
	Louis We	eber ·				Agnes Wi	sniews	ki				
1S (Y	. WAS DECEASED E	VER IN U.S. ARMED FO	RCES? 16. SC	OCIAL SECURITY NO.	. 17. INFORMA	NT	300-1-1	Address				
	No		218	-01-8727	Walter !	r. Dalla	as - 29	27 Geor	gia A	Avenue	e #2	122
		DEATH [Enter only or	e cause par line	for (e), (b), and (c).	I	0	0			INTER	ET AND	WEEN
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MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Their please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00242 CERTIFICATE OF DEATH 00244

		PLACE OF DEATH O. COUNTY BAT	TIMORE		MARYLAN	a. STATE	DENCE (Where de	eceosed lived, if institution b. COUNT		before admission)
	ь	. CITY OR TOWN (II	outside corporate limits	5,	c. LENGTH OF STAY IN 16			rporote limits, write RURA	L ond give ne	eorest town)
		FORT HOW	give nearest tawn)		L DAYS	BAI	TIMORE			31.4
	C	. NAME OF HOSPITA	L OR INSTITUTION (If no	it in hospitol,	give street address)	d. STREET ADD	RESS			e. IS RESIDENCE ON A FARM?
27		VETERANS	ADMINISTR.	ATION 1	HOSPITAL	2565	ARUNAH .	AVENUE		YES NO XX
		NAME OF	Fir	's†	Middle	Lost	4. DA			Day Year
	(DECEASED Type ar print)	JOS	EPH	WILLIAM	DAVIS	OF DE	ATH JANUARY	9	19 67
	S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE	
	1	MALE	NEGRO	WIDOWED	DIVORCED [MAY 9.	1907	lgst birthdoy) 59 yrs.	Months De	ays Hours Min.
	10o.	USUAL OCCUPATION	(Give kind of work done		IND OF BUSINESS OR	11. BIRTHPLACE	(County & State,	ar fareign cauntry)		N OF WHAT
	aurii	ng most af warking I	ire, even it retired)	10	NDUSTRY	JERSEY	CITY.	NEW JERSEY	U.S	A
		FATHER'S NAME	7	00		14. MOTHER'S		1	.0	1.
			tosent	116	MAN	11	ilia	Jam	YrEn	f
	IS.	WAS DECEASED EVE	IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. INFORMANT		VA HOSPE	TAL	
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		stating the under	lying couse	(c)						
					TO DEATH BUT NOT RELATED	TO THE TERMINAL DIS	FASE CONDITION	GIVEN IN PART 1(a)		19. WAS AUTOPSY
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	CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH	205. DE	ESCRIBE HOW INJURY OCCUR	KED. (Enter noture at 1	njury in Port I ar	Port II of trem 18.)		
		(IF EITHER, NOTIFY						26 (21)	10	
	MEDICAL	20c. TIME OF INJU Hour o.m	RY Month, Doy, Yeor			 PLACE OF INJURY (Ho foctory, street, office b 		Of. (City ar tawn)	(County	(Stote)
	×	p.m		ot wor	k L ot wark L	William Section				
				pital) atten	ded the deceased fro	m JAN 5	, 19 6	7, to JAN 9	, 19 <u>67</u>	, that (/) (we) lost
			ceased alive on	JAN 9	19 <u>07</u> , and	that death occur	red of O55	PM, from causes a		
		22a. SIGNATURE	10	it.	1.1.7	M.D. PHYS.	MED.	OR PHYS.	22b. DATE	SIGNED 10/67
		22c. PHYSICIAN'S	, 0.	un	very	22d. ADDR		M LJ FNI3. LJ		
1		NAME (Pype)	JOHN D.	TALBER	RT, M. D.			WARD, MARYI	AND	
/	230	. BURIAL, CREMATIO	N. 23b. DATE THI	REOF	23c. NAME OF CEMETER	OR CREMATORY	23d	. LOCATION (City or Tow	n) (Co	ounty) (State)
P		REMOVAL (Specify)		-67	BALTIMORE			BALTIMORE.		
M	24	BURTAL FUNERAL DIRECTOR	2	w/	ADDRESS	2	So. REC'D BY REC		ISTRAR'S SIGN	
1	1		100		RAYNER SAND	ERS FUNERA	L HOME,	1 6 1967	MILLAN	eles Judge

VR A15 (4) 20 M 1/66

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	1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
_	E 2 -	00243 CERTIFICATE OF DEATH 00245
24 hours after death.	funeral and 2 death.	1. PLACE DF DEATH a. COUNTY a. STATE b. COUNTY a. STATE
9	the f	Baltimore County Maryland Maryland Balt, Co
2	Page Page Irs a	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
D ig	d in	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDER
	0	Mount Wilson State Hospital 3416 Mc Shane Way YES NO
he executed within	etely bon with	3. NAME DF DECEASED / First Middle Last 4. DATE Month Day Year
3	ompl car vent,	(Type or print) 17 ary Lampbell Davis DEATH Jan 12 196/
1100	and co remove any ev	6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 14 FAR IFUNDER 24 Hours M Months Days Hours M
ď.	scian and ease remo and in any	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR during most of working life, even if retired) 10b. KIND DF BUSINESS OR II. BIRT HPLACE (County & State, or toreign country) 12. CITIZEN OF WHAT CDUNTRY?
	200	HWF. Penna, USA
Cortificate	nding phy Them p removal,	13. FATHER'S NAME
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t to	the attending phat permit. Then parties, or removal,	(Yes, no, or unkown) (If yes five war or dates of service) 218-14-19 449 Records, Mt. Wilson State Hospital
9	d by the at ransit perm cremation,	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. ONSET AND DEAT
+	ician. ned by th Il-transit il, cremat	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Reticul um Cell Surco ma of Liver 2425,
+	attending pushed attending by the search signed be build-tran in prior to burial, cre	DUE TO Conditions, If any, which \ (b)
	ng p	gave rise to Immediate cause (a), stating the DUE TO
3	ttendir has be as th prior t	underlying cause last. (c)
DUVERTIAN. The law remites that the death	certificate hat the formula for the formula for the formula formula for the formula fo	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED YES ND 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
F N	tal o infica for Hea	YES ND 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
25	the hospital or this certificate stacked for us Dept. of Healt	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
DH/	the hospital r this certific detached for	State 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 2Df. (City or town) (County) (State factory, street, office bldg., etc.)
ATTENDING	After After d be c	
E S	DR: A DR: A nould the	21. I certify that (I) (this hospital) attended the deceased from 4-21-, 1965, to 1-/2-, 1967, that (I) (we) saw the deceased alive on 1967, and that death occurred at 250M, from the causes and on the date stated about 1965.
	m (1) >-	22a. SIGNATURE 1 22b. DATE SIGNED
8	AL DIRE	Willycomer M.D. ATTENDING MED. STAFF 1-12-67
ATIO	age 4 may FUNERAL irector, pa nould be fi	22c. PHYSICIAN'S 22d. ADDRESS Wm. Newcomer, M.D., Superintendent Mount Wilson, Maryland 3
Unceltal	Page 4 may O FUNERAL I director, pag should be fill	23a BURIAL, CREMATION, 23b. DATE THEREDF 23e NAME OF CEMETERY OR CREMATORY 23d LDCATION (City, town or county) (Syste)
5	5 5 5 6	PREMOVAL (Specify) 1/16/7 BALTO. NATIONAL BALTIMORE, TO ADDRESS 25. FINERAL DIRECTOR ADDRESS 1 25. REC'D BY REGISTRAR' 250 REGISTRAR'S \$IGNATURE
	VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 250 REGISTRAR'S SIGNATURE
	20M 1/65	TO SOUTH THE IS

22500 maryland Balte Palte sore county 113 days on to pad 21222 moslin thick 3416 Mc Shaneshay Istiqual etast roalily topoli WEDIN 9-18-1881 7E THE STATE OF 12117 02 1 SATAL WATSOM George Cambbell 275-19 Byle Records, Mt. Wil son State Hospital the state of the s 1-72 827 Whitelevenier, M.D., Superintendant Mount Wilson, Mary Land East 1 Hammer & Thursday & Bring & Wille Salvers Car Tear to for willing prince they filled

1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)
	e. COUNTY / B. LL. D. COUNTY / B. COUNTY / B. COUNTY / B. COUNTY
(I) (I) (I)	b. CITY OR TOWN (if outside corporete limits, c. LENGTH QF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
is necess director. or your fi epartmen eath.	Bollimore Kerrel Typ. Bullimore rural 13.1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ediress) d. STREET ADDRESS,
uneral ined if tate [1721 Aberdeen Rel 1721 Hosen den Rel YES NO N
o the funera to the funera be retained the State hours after	3. NAME OF SAMUEL First Columbus Dell'Acqua 4. DATE OF DEATH Dey Year 1969
r death. and 3 to may be 2 with in 72 h	5. SEX 6. COLOROR RACE 7. MARRIED NEVER MARRIED B. DATE GEBIRTH 19. AGE In years If UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
s 1, 2, age 5 age 5	10a. USUAL OCCUPATION (Give kind of work deno during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign equality) 11. BIRTHPLACE (State or foreign equality) 12. CITIZEN OF WHAT COUNTRY U.S.A.
24 hour pages pages y event	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
PA PA PA	huciano Dell'Acqua Amosta ONORATO
i. fo.%	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 11 SOCIAL SECURITY NO. 17. INFORMALT (Yes, no, or unknown) (Ifyesgive werer deles of service) Dellacqua
tem 18. with for with for permit.	Jes : 19492 - 1952 14-16-64040, for - cenna - same.
	PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
ould be exect in pencil in Office along burial-transit	IMMEDIATE CAUSE (6) 17 1000 December Cauche Control
D d ffic	Conditions, if ony, which Tiseuse & Country Des ferring
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icate andin niner od as emat	(e), steting the underlying Several ys.
"po "po nase use	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
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EXAMINER: This ate, writing the wo the Chief Medical R. Page 3 should be agent, prior to bur	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO TO CONTRIBUTION TO CONTRIBUTI
ing the sing the sing the sing sing sing sing sing sing sing sing	
AMINE writing e Chief Page 3 nt, prior	Hour a.m. While Not While fectory, street, office bldg., etc.)
	p.m. 19 et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion
High A Ca	death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
forwar L DIR desig	ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER . DATE SIGNED
be f BRAIL	SIGNATURE M.D. DEPUTY MEDICAL EXAMINER Q OM 5 - 6 7
DEPUTY IN lease execute should be for FUNERAL 1 leasth or its d	NAME (Type) 014N C 144 Address (Street, city, town, or county)
O DEP please 4 shoul O FUN Health	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City for n, or county) (Stote)
Ög4Ö∓	Burial 1/9/1967 Holy Redeemer Cem. Balto., Md. 23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR'S SIGNATURE
VR AISME	Leonard J. Ruck Inc. Balto. Md. DATE JAN 10 1967 Charles Queles
5M 1/63	DAIR OTHER DESIGNATION OF THE PROPERTY OF THE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detoched for use os the buriol-tronsit permit. Then please remove corbon papers. Poges 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours after deoth

Page 4 may be retained by the hospital or ottending physician.

CONNELLY

MARYLAND STATE DEPARTMENT OF HEALTH

The second second		TICAL RESEAR	CH AND RECORDS, 3	801 W. PRESTON ST	REET, BALTI	MORE, MARYL	AND 21201	
0024			CERTIFICAT	TE OF DEATH			002	48
o. COUNTY Baltimo	re		MARYLAND		and	b. count	timore	
write RURAL an	(If outside corporate limi d give nearest tawn)	is,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	outside corparo		AL and give near	est town)
d. NAME OF HOSPIT	tal or institution (if reph Hospit		e street address)	d. STREET ADDRESS	ie Aver			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	F	irst	Middle William	lost Detter	4. DATE	Month		oy Year 15 1967
(Type or print) S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.	. AGE (In years last birthday)	IF UNDER 1 YEAR Manths Doys	IF UNDER 24 HRS
	White N (Give kind of work done	WIDOWED [DIVORCED DIVORCED DIVORCED	April 6, 19		52 yrs.	12. CITIZEN	
during most of working		INDI		ing Balt	imore	eigh county)	U.S	
13. FATHER'S NAME				14. MOTHER'S MAID		FASILA		
GEO.	DETTE!		CIAL SECURITY NO. 17	INFORMANT	- L L	ERELL	is	
(Yes, no, or unknown)	(If yes give wor or dotes	of common M	01		ETTER	10	MARIE	E AVE
PART I. DEA	EATH (Enter only one co), (b), and (c).) nal carcinom	atosis, pri	mary si	te undet		NTERVAL BETWEEN ONSET AND DEATH
1992	DUI	10				mined		
rise to immedionstoring the under	te couse (o),	(b) E TO (c)						
PART II. OTHER S			DEATH BUT NOT RELATED TO				119	9. WAS AUTOPSY PERFORMED?
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20c. TIME OF INJ Hour o. p.	URY Month, Doy, Yeor m. m. 19	While of work	Not While of ot work	PLACE OF INJURY (Home, toctory, street, office bldg.,	etc.)		(County)	(Stote)
21. I cert saw the c	ify that the this ha	spital) attende anuary 1	ed the deceased from 5 19 <mark>67</mark> , and th	December 21 hat death accurred	, 19 <u>66</u> , t at 7:1 5 N	oJanuary I, fram causes o	and an the d	ate stated abay
22o. SIGNATURE		Tue	G	M.D. ATTENDING M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	Januar	gned y 15,1967
22c. PHYSICIAN': NAME (Type		Or yela-	Gomez, M.D.	22d. ADDRESS 7620	York Ro	ad, Tows	on 4, M	d.
230. BURIAL, CREMATI REMOVAL (Specif	ON, 23b. DATE TI		23c. NAME OF CEMETERY OF EARDENS	OR CREMATORY		CATION (City or Tow		ity) (Stote)
24. FÜNERAL DIRECTO	OR	/	ADDRESS	2So. R	EC'D BY REGISTR	AR 2Sb. REC	GISTRAR'S SIGNAT	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00247			CERTIFICAT	E OF	DEATH			0	002	49	
PLACE OF DEATH O. COUNTY	Baltimore		MARYLAND			Where deced	sed lived, if institut b. COUI			re odmissio .more	on)
b. CITY OR TOWN (f outside carparate limit	s,	c. LENGTH OF STAY IN 1b	c. CIT	,		ate limits, write RU	RAL ond giv	e neores	st town)	
	dive nearest town)					horpe	2		0:	3,1	
	al or institution (if no elma Avenue		ve street address)		723 Selm	a Ave	enue			e IS RESID ON A FA	NO 2
B. NAME OF DECEASED (Type or print)	LOT	w.	Middle DISNEY		Lost	4. DATE OF DEATH	Januar		Doy	Yec	67
. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		OF BIRTH 19-1881		9. AGE (In years lost birthdoy) 85 yrs.	IF UNDER Months	1 YEAR Days	Hours Hours	Min.
	(Give kind of work done life, even if retired)	10b. KINI	D OF BUSINESS OR USTRY		IRTHPLACE (County Maryland			12. CI	TIZEN OF	F WHAT	
3. FATHER'S NAME				14. A	NOTHER'S MAIDEN						
	ley Disney				Susann V	Varfie					
IS. WAS DECEASED EVE (Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	of conviced	Janua Saconnii III	inform	Hester I). Dis	ney, 172	3 Sel	ma A	Ave.	
	ATH (Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE	10	o), (b), ond (c).)	20	nary	1 00	relees	cion		ERVAL BET	
Conditions, if ony rise to immediat stating the under	which gove e couse (o),	10 (b)	ardio Compo	1/2	Mente	Da	n diss	2020	1	00	lay
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THE CITHED MOTIEY	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter n	oture of injury in	Port I or Pa	rt II of item 18.)				,
20c. TIME OF INJI Hour o.r	10	20d. INJ While ot work	Not While f		NJURY (Hame, farm et, office bldg., etc.		(City ar town)	(Co	ounty)	((State)
	21. I certify that (I) (this haspital) attended the deceased fram, 19, ta										
220. SIGNATURE	12 12 reembough M.D. ATTENDING MED. STAFF PHYS.										
22c. PHYSICIAN'S NAME (Type)	Dr. Bruc	e Brumb	augh	2	2d. ADDRESS 5609 M	ain S	treet, El	kride	ge,	Mary	land
23o. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 23b. DATE TH		23c. NAME OF CEMETERY C Emmanuel Bau				OCATION (City or To tministe:	,	(County	r) (S	tote)
24. FUNERAL DIRECTO	R		ADDRESS		2So. REC'I	BY REGIST		GISTRAR'S	SIGNATU	RE.	

Howard H. Hubbard, 4107 Wilkens Ave. 21229

18

1967

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and arriang event, within 72 haurs after death. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. anddeath 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence deceased lived, If PLACE OF DEATH a. COUNTY Pages 1 b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 2. XIA1040 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 thaltimore, ourless 8 within ND Z YES within etely carbon NAME DE First Middle Last DATE Day DECEASED DOBBINI MARIE KERR. JANUARY (Type or print) DEATH 1967 5. SEX 6. CDLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. remove 7. MARRIED NEVER MARRIED last birthday) | Months | in any Hours 2-15. and 1880 WIDOWED V DIVORCED Then please r 10a. USUAL OCCUPATION (Give kind of work done) KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10b. 11. BIRTHPLACE (County & State, or foreign country) lease and it during most of working life, even if retired) INDUSTRY COUNTRY? HOUSEWIFE 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME HEMSLE TILTON THOMAS Cer endi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 (Yes, no, or unkown) (If yes give war or dates of service) death cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO Conditions. If any, which peen gave rise to Immediate t the DUE TO cause (a), stating the prior underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 19. WAS AUTDPSY for use Health use PERFORMED? certificate YES ND V 20a. ACCIDENT WAS UNDERLYING
DR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part | of Item 18.) tached f this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det be de State factory, street, office bldg., etc.) Hour a.m. After While Not While ATTENDING retained by at work at work p.m. should 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at 5'30'M, from the causes and on the date stated above. saw the deceased alive on you 22a. SIGNATURE 22b. DATE SIGNED pe page ATTENDING PHYS. DIRECTOR O HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS FUNERAL director, pa NAME (Type) (State) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Md. 1-19-67 Episcopal Church Elkridge Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 7 Sons Co. 4905 York Rd. Balto. H.W.Jenkins VR AI5 (4) 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CERTIFICATE	OI DEATH		00251
o. COUN	Baltimore	MARYLAND	o. STATE Marylan		ltimore
b. CITY write	RURAL and give negrest town)	8urs. 27dys		porote limits, write RURAL and give lary land 21230	ve neorest town)
d. NAME	OF HOSPITAL OR INSTITUTION (If not in hospital, give		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
SPRI	NG GROVE STATE HOSPIT	AL	300 West Cl	ements St.	YES NO
3. NAME (DECEAS (Type or	D Cornelia	Middle Carneal	Lost 4. DA OF Dorman DEA	January 30,	Doy Year 19 67
s. SEX femal	6. COLOR OR RACE 7. MARRIED White WIDOWED X	THE PER INDIVIDUE	Jan. 12, 1875	9. AGE (In years IF UNDER Months yrs.	R I YEAR IF UNDER 24 HRS. Doys Hours Min.
10o. USUAL	OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR ISTRY	11. BIRTHPLACE (County & Stote, of		OUNTRY? A.
13. FATHER	S NAME		14. MOTHER'S MAIDEN NAME		
	KNNINHAXCAXMAN Leland	Carneal	Virginia Muel	lner	
		CIAL SECURITY NO. 17. II	NFORMANT cords: SPRING	Address GROVE STATE	HOSPITAL
18. C	USE OF DEATH (Enter only one couse per line for (o) ART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MYOCA), (b), ond (c).) erdial infarct	ion		INTERVAL BETWEEN
	Ons, if ony, which gove immediate couse (o),				40 yrs/
	DUE 10	ralized Arteri	osclerosis		40 yrs.
PART P	onchial pneumonia,			GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO TO
20o. A OR CO			(Enter noture of injury in Port I or	Port II of item 18.)	
WEDICAL 20c. 1	ME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJU While of work [Not While of work	ory, street, office bldg., etc.)		ounty) (Stote)
SC	. I certify that (A) (this hospital) attende with deceased olive on 1-30	ed the deceased from1967and that	Dec. 28 , 1957 death occurred of 8 P	_M, from causes and on	
1/	Million Helper	my MAD M.C	D. ATTENDING MED. DIRECTO	STAFF -	DATE SIGNED P. 1/30/67 9:3 HOSPITAL
	HYSICIAN'S		ZZQ. ADDKESS DI ILLI		
/ 226.	NAME (Type) Anthony J. Your	ig, M.D.	Balti	more, Maryland	21228

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0025		CERTIFICATE	OF DEATH	0	0252		
	PLACE OF DEATH a. COUNTY	Baltre	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE	ere deceosed lived, if institution: Residence by COUNTY	ence before admission)		
	b. CITY OR JOWN	(If autside corporate limits and give nearest town	3 mor 27 dy	c. CITY OR TOWN (If outs	ide corporate limits, write RURAL ond g	ive neorest town) 30,4		
	d. NAME OF HOSPI	1	t in hospital, give street address late the pular	d. STREET ADDRESS an	napolis Ros	e. IS RESIDENCE ON A FARM? YES NO		
L	NAME OF DECEASED (Type or print)	· · · · · · · · · · · · · · · · · · ·	RDON A	EADES	4. DATE Month OF DEATH January			
	SEX	6. COLOR OR RACE	WIDOWED DIVORCED	Morch 2516	190 Jost birthday) Manths			
dur	ring mast of working	N (Give kind of work done g life, even if retired)	10b. KIND OF BUSINESS OR RAUER ROOM	11. BIRTHPLACE (County &	nd (COUNTRY?		
13.	FATHER'S NAME	RAON		14. MOTHER'S MAIDEN NA	10,1			
1S. (Ye	. WAS DECEASED EV es, na, ar unknown)	ER IN U.S. ARMED FORCES? (If yes give war ar dates of	service)	word: Span	ing Grove State Ho	ep.		
		DEATH (Enter only one cause ATH WAS CAUSED BY: IMMEDIATE CAUSE (se per line far (a) (b), and (a)			INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if any		10 malnut.	ition		20 days.		
	stating the under	erlying cause DUE	(c) antherisal	brown s	evere			
ATION	1 /3/ 2	IGNIFICANT CONDITIONS CO	Symptone &	THE TERMINAL DISEASE COND psy cotic	ITION GIVEN IN PART (a)	19. WAS AUTOPSY PERFORMED? YES NO		
MEDICAL CERTIFICATION		AS UNDERLYING GCAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in Pa	rt I ar Part II af item 1B.)			
MEDICA	Hour o.	IURY Manth, Day, Year m. m. 19		CE OF INJURY (Hame, farm, ory, street, office bldg., etc.)	20f. (City or tawn) (C	County) (Stote)		
		21. I certify that (I) (this haspital) attended the deceased fram Sent 7, 1965, to 1-14, 1967 that (I) (we) last saw the deceased alive an 1967, and that death accurred at 1960, M, from causes and an the date stated above.						
		22a. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 1967						
	22c. PHYSICIAN' NAME (Type	LD= Imi	e KOPITS	M-D. ADDRESS	ing Grove Sta	te Hospital		
230	a. BURIAL, CREMATI REMOVAL (Specif	Y) I/18/	67 GLEN HAVE	N	23d. LOCATION (City or Town) GLEN BERNIE	(Caunty) (State)		
24	MCCULL	FUNERAL HO	OME 237 PATAPSCO AVE		N 1.7 1967 PEGISTRAR'S	signature arley Judge		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prosicial, and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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		The state of the s	V AND THE RESERVE OF THE PARTY
		Plant of the State	
			A SECTION OF THE SECT
THE TAIL STORE US IN THE TAIL SHOULD BE SHOULD			No.
Termination of the second of t	TOTAL STATES NAME !		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR AIS (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
U CONFERENCE	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	RE 1, MARYLAND
00231	CERTIFICATE OF DEATH	

	Tom U walm (6Xb	1/25/67 mls-	11 [2]
1.	PLACE OF DEATH a. COUNTY Baltimore	2. USUAL RESIDENCE (Where deceased lived, If institution: Real a. STATE / b. COUNTY / b. COUNTY / c	timone
_	WARTLAND		
	b. CITY OR TOWN (if outside corporate limits, write-RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	lowson	lowson	03.1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
_	209 E. Joppa Road	209 E. Joppa Road	YES NO
3.	DECEASED	Last 4. DATE Month	Day Year
	(Type or print) Crnest Anton (CSE	ery DEATH January 17.	196719
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNOER	
	Male White WIOOWEO DIVORCEO	Januaruh 2. 1898 669 yrs.	Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR IROUSTRY 10b. KINO OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
100	ring most of working life, even if retired) INOUSTRY Chiropractor Sell imployed	Hungary USA	UNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Stephan Ecseru	4.	
1		Marie Brana INFORMANT Address	
CA	(es, no, or unkown) (If yes give war or dates of service)	T . 1 3	
-	No None f	amily Records	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET ANO OEATH
	PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Carling	matosis	ONSET AND VEATER
	154, X OUE TO		
	Conditions, If any, which (b) Carcin om	a D Repliem	3478.
	gave rise to immediate	X V-COUNT	
	underlying cause leet	U	
S		TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)	119. WAS AUTOPSY
CERTIFICATION		TEN TO THE TENNINE DISEASE OF THE HIT AND A LEGISLATION OF THE TENNINE AND A LEGISLATION OF THE TEN	PERFORMEO? YES NO
ERTIF	20a. ACCIDENT WAS UNDERLYING TO COUNTY OF THE PROPERTY OF OF THE PROPERTY OF OF THE PROPERTY O	RREO. (Enter nature of injury in Part I or Part II of Item 18.)	
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (Courty, street, office bldg., etc.)	nty) (State)
		1-16- , 1967, to 1-16- , 1967	7 that (I) (we)-last
		death occurred at 2 2 M, from the causes and on the	
	22a. SIGNATUREN		TE SIGNEO
	M. X. Lunn . M.O.	ATTENDING MED. STAFF OIRECTOR PHYS.	20-67
	22c. PHYSICIAN'S	1 22d. ADDRESS /	1
	NAME (Type) M. KEUIN QUINN OF	1927 York TO TIMONIU	H, Balt. Md
23	2. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
1	Jan. 20, 196/ Greenmount (e	emetery Baltimore Maryla	and.
2	4. FUNERAL OIRECTOR ADORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
)	John Burns' Sons, Towson, Maryland	DATE JAN 2 3 1967 JCha	res Judge
=	The state of the s		- U - U

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE 00252 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00254
	d, if institution: Residence before admission)
a. COUNTY Baltimore MARYLAND O. STATE Maryland D. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b. C. CITY OR TOWN (If outside corporate limits.)	b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) L. Months Dundelk Dundelk	ts, write RURAL and give nearest tawn)
write RURAL and give nearest town) 14 Months Dundalk	03.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	e. IS RESIDENCE ON A FARM?
1813 East Ave.	YES NO X
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 1813 East Ave. 1813 East Ave. 1813 East Ave. 3. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 1813 East Ave. 3. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 1813 East Ave. 3. NAME OF First Middle 1813 East Ave. 3. NAME OF First Middle 1813 East Ave. 3. NAME OF First Middle 1814 Edelburg OF John John John John John John John John	Anuary 24 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE	(In years IF UNDER YEAR IF UNDER 24 HRS.
Female White WIDOWED I DIVORCED 3/19/85	birthday) Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar fareign country)	12. CITIZEN OF WHAT
during most of working life, even if retired) Retired Retired Retired Retired	U. S. A.
I3. FATHER'S NAME	
Female White Widowed I Divorced 3/19/05 81 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Paint Co. Retired 11. BIRTHPLACE (State or foreign country) Retired 12. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Not Known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Son)	Address
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 271-22-8787 18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)	East Ave. Dundalk Md.
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUT TO	INTERVAL BETWEEN
PART I. DEATH WAS CAUSE DE VINE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO D	ONSET AND DEATH
DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO (b) A-5-C+ V-DIS eiths e- Trise to immediate cause (a).	
Conditions, if ony, which gove) (b) A-S-C+ V-DIS eits &	
rise to immediate cause (a), stoting the underlying couse	
softing the underlying couse (c)	
E E P PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO X
TOD. DESCRIBE HOVE INCOME, CALLED TO THE PARTY OF THE PAR	item 1B.)
20b. DESCRIBE HOW INJURY OCCURRED Union injury in Port for Port II of I Service States and the produce of injury in Port for Port II of I Service States and	
WHILE NOT MINING OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, Haur a.m. While Not While Not While 10 to thou street, office bldg., etc.)	ar tawn) (Caunty) (State)
CAUSE OF DEATH. CAUSE	
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection	d, Inquiry x, ond in my opinio
deoth resulted from: Noturol couses X, Accident , Suicide , Homicide , Undeter	rmined monner
CHIEF MEDICAL EXAMINER ACTUAL	
CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE	22. DATE SIGNED
DEPUTY MEDICAL EXAMINER X	6800 Morning- 1/25/67
NAME (Type) Melvin B. Davis M. D. Address (Street, city, town, or cour	nty) ton Rd. Dundalk, Md.
0 = F = 0 = T	(City at Town) (County) (State)
Buriar 1/27/67 Christ Lutheran Cemetery	Baltimore, Md.
VR A15ME (5) 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR	2Sb. REGISTRAR S SIGNATURE
John J. Duda 7922 Wise Ave. Dundalk, Md. DATE JAN 26 1	967 Scharles Judge

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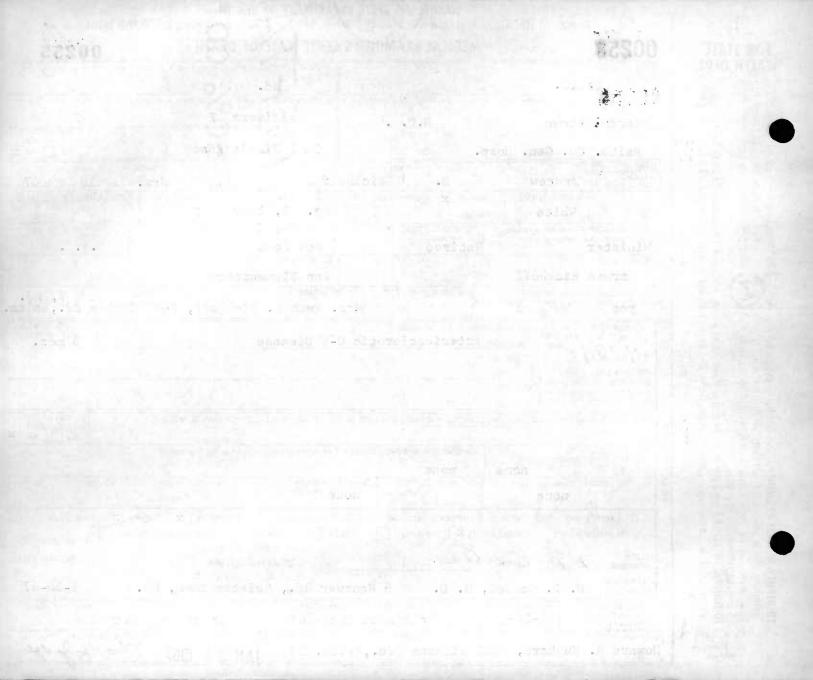
Howard H. Hubbard, 4107 Wilkens Ave., Balto. 29

VR A15ME (5

6M 1/66

Muniley

DATE



\$25.00 THE STATE OF THE SECOND ST Secretical California et les lessones de la lavora de la comencia del la comencia de la comencia del la comencia de la comencia del la comencia de la comencia de la comencia de la comencia de la comencia del la comencia de la comencia del la comencia del la comencia del la co Hone The Part Let was HOLSENTE MIN HOME PAGO FRANKED Total & Coloret 216 05 YES Patrents Chart Annakannik (2011) The state of the s Apply 12 No. 1 State of the State of the Park TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

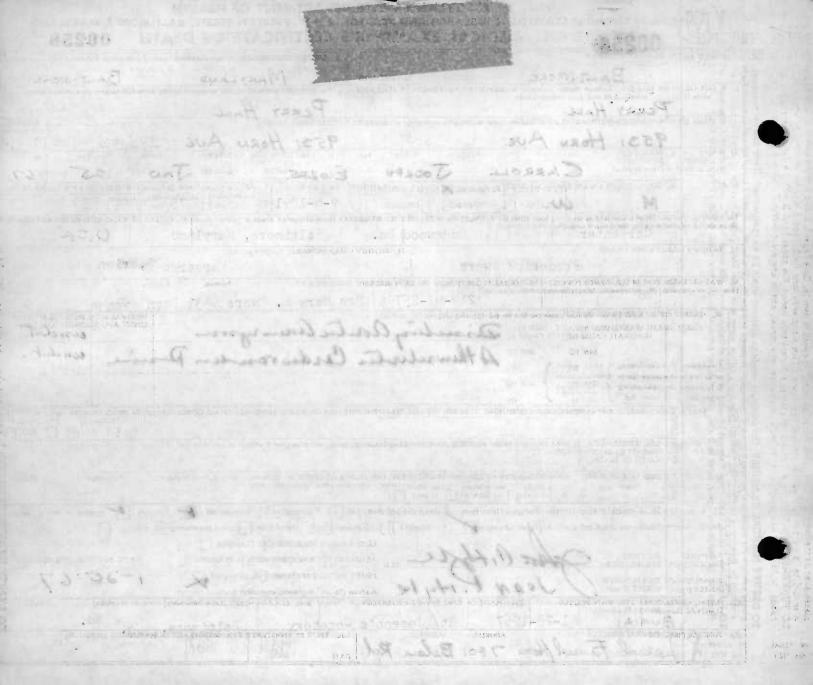
VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

00255	CERTIFIC	ATE OF DEATH		00257				
1. PLACE OF DEATH O. COUNTY Baltimore	MARYLAI	o. STATE Mary		Baltimore				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus	c. LENGTH OF STAY IN 1	Arbutu	utside corporote limits, write RURAL on S	d give neorest town)				
d. NAME OF HOSPITAL OR INSTITUTION (If not in 1007 St. Charles Ave		d. STREET ADDRESS 1010 St.	Charles Avenue	e. IS RESIDENCE ON A FARM? YES NO [-				
3. NAME OF DECEASED (Type or print) PETER C.	Middle ELLSTROM	Lost	4. DATE Month OF January 9	Doy Year				
Molo Mole	MARRIED NEVER MARRIED [NIDOWED DIVORCED [8. DATE OF BIRTH 2-9-1892		NDER 1 YEAR IF UNDER 24 HR				
Oo. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) Retired Boilmaker 3. FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County New Y 14. MOTHER'S MAIDEN	ork	12. CITIZEN OF WHAT COUNTRY?				
Gustaf Ellstrom IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	Hilda 17. INFORMANT	Ellstrom Address					
(Yes, no, or unknown) (If yes give wor or dotes of set	es, no, or unknown) (If yes give wor or dotes of service) Mrs. Christine Douden, St. Pete:							
18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1	0		INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if ony, which gove rise to immediate couse (a),	NOION	10 Kund						
stoting the underlying couse DUE TO (c)	ASCUD)		7.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY . PERFORMED? YES NO				
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CITE EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in	Port I or Port II of item 18.)					
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	20c. TIME OF INJURY Month, Day, Year Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County) (Stote)							
21. I certify that (I) (this saw the deceased elive an	21. I certify that (I) (this temptiful) attended the decoased fram, 1965, to four 9, 1967, that (I) (see) last							
220. SIGNATURE Earl	M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIPHYS. DI-10-67							
22c. PHYSICIAN'S Dr. Earl I								
230. BURIAL, CREMATION, REMOVAL (Specify) 1-12-		rk Cemetery	23d. LOCATION (City or Town) Baltimore, Ma					
24. FUNERAL DIRECTOR Howard H. Hubbard, 410	ADDRESS 7 Wilkens Ave. 2		D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE				



		LACE OF DEAT	PH	1000			NCE (Where	deceased lived, If		idence before a	dinission
		1	TIMORE	· ·	MARYLAND	a. STATE M	RYLAN	b. COUN	12	TIMORE	
	b	. CITY OR TOWN	(if outside corpo	orete limits,	e. LENGTH OF STAY IN 1			orporate limits, write			
	F	CRRY H	ALL.			PERRY	HALL			031	
	ď	. NAME OF HOSP	PITAL OR INSTIT	UTION (if not In I	hospital, give street address)	d. STREET ADDRE	3			e, IS RE	SIDENCE FARM?
	-	531 -	toru t	UE.			RN. A	WE. 3	1236	YES [
I	I	VAME OF DECEASED Type or print)	/	First	Middle	Last	4. DAT		h I	Day Year	
-	5. 5			ROLL.	JOSEPH	8. DATE OF BIRTH	DEAT	770	LIF UNDER 1 YE	19 (
ı	a	hA	///		RIED NEVER MARRIED	9-6-1891		last birthday)	Months Da	11 11 11 11	Min.
-	10a.	USUAL OCCUPA	TION (Give kine	WIDO\	MED DIVORCED	,, -	to or foreign	1 / 2 yrs.	112 CITIZE	N OF WHAT CO	OLINITAN
I	don	Carent	orking life, ever	if retired)	Edgewood Md.	Baltimon				SA.	DUNIKI
ŀ	13.	FATHER'S NAME		- 1		14. MOTHER'S MAIDI	-	J 24114		-1	
1			Freder	rick Ewer	rs		Ma	rgaret 0	Brien		
r	15.	WAS DECEASED E	VER IN U.S. ARA	AED FORCES? 1	6. SOCIAL SECURITY NO. 17	. INFORMANT		Address			
1	(Tes	no or unkown)	(If yes give war or	dates of service)	219-07-2579A 1	Mrs Mary E. H	wers 9	531 Horn	Avenue		
F	1				or fina for (a), (b), and (c).]	h (1	INTERVAL BETY	
		DADT I DEA	THE WAR CALLER	DRY.	1. /2.0					ONSET AND D	POTE
1		PART I, DEA	TH WAS CAUSE	USE (a)	seeling av	ulic uniu	rysm	~		unas	
1		451)	IMMEDIATE CA	DUE TO	they be hard	Ca dina	rysm	~ D	1	under	
		451) Conditions, if an	y, which	USE (a)	thew selested	. Cardisor	ryson	- Pes	ièc,	under	•
	1	451)	y, which	DUE TO A	thewselvates	. Cordis or	rysm	- Pese	ine,	under	
		Conditions, if an gave rise to immed (e), stating the cause last.	iy, which diate cause underlying	DUE TO (c)	thewselistes	. Cardis or	sevel	- Per	iere,	under	,
		Conditions, if an gave rise to immed (e), stating the cause last.	iy, which diate cause underlying	DUE TO (c)	thew relies to DEATH BUT	. Cardis or	MINAL DISEAS	Personal Per	VEN IN PART 1(PERFO	RMED?
		Conditions, if an gave rise to immed (e), stating the eause last. PART II. OTHE	iy, which diate cause underlying ER SIGNIFICANT	DUE TO (b) DUE TO (c) CONDITIONS CO	thew relievely	. Condision			VEN IN PART 1(d	PERFO	
	RTIFICATION	Conditions, if an gave rise to immed (e), stating the cause last.	y, which diate cause underlying ER SIGNIFICANT	DUE TO (b) DUE TO (c) CONDITIONS CO	thewselistes	. Condision			VEN IN PART 1(d	PERFO	RMED?
1	CERTIFICATION	Conditions, if an gave rise to immed (e), stating the eause last. PART II. OTHI 20s. EXTERNAL C PRIMARY or C	in Mediate Cally, which diate cause underlying less SIGNIFICANT CAUSE WAS ONTRIBUTING	DUE TO (b) DUE TO (c) CONDITIONS CO	ONTRIBUTING TO DEATH BUT	. Condision	n Pert I or Part	t II of item 1B.)		YES 1	NO []
	CERTIFICATION	Conditions, if an gave rise to immed (e), stating the eause last. PART II. OTHI 20s. EXTERNAL C PRIMARY or C CAUSE OF DEATH 20c. TIME OF INJ Hour a.m.	in Mediate Cally, which diate cause underlying less SIGNIFICANT CAUSE WAS ONTRIBUTING	DUE TO (b) DUE TO (c) CONDITIONS CO Day, Year 20b, Wh	ONTRIBUTING TO DEATH BUT CRIBE HOW INJURY OCCURRI d. INJURY OCCURRED 1016 Not While	NOT RELATED TO THE TER	n Pert I or Part		VEN IN PART 1(YES 1	RMED?
	MEDICAL CERTIFICATION	Conditions, if an gave rise to immed (e), etating the eause last. PART II. OTHI 20a. EXTERNAL C PRIMARY or C CAUSE OF DEATH 20c. TIME OF INJ Hour a.m. p.m.	IMMEDIATE CA	DUE TO (b) DUE TO (c) CONDITIONS CO Day, Year 20b, DES Day Year 20b, William Willi	CRIBE HOW INJURY OCCURRED AND WHILE HOW INJURY OCCURRED AND While HORK AND STATE OF THE	NOT RELATED TO THE TERMED. (Enter nature of injury in the party of the party of the party, street, office bidg.,	n Pert I or Part	t II of item 1B.) City or town)	(County	PERFOI	RMED?
	MEDICAL CERTIFICATION	Conditions, if an gave rise to immed (e), etating the eause last. PART II. OTHI 20a. EXTERNAL C PRIMARY or C CAUSE OF DEATH 20c. TIME OF INJ Hour a.m. p.m.	in MEDIATE CA	DUE TO (b) DUE TO (c) CONDITIONS CO Day, Year 200, What was a single of the re-	CRIBE HOW INJURY OCCURRED INJURY OCCURR	NOT RELATED TO THE TERMED. (Enter nature of injury in place of injury inj	erm, 20f. (Cotc.)	I II of item 1B.) City or town)	(County	YES 1	RMED?
	MEDICAL CERTIFICATION	Conditions, if an gave rise to immed (e), stating the sause last. PART II. OTHI 20s. EXTERNAL C PRIMARY OF C CAUSE OF DEATH 20c. TIME OF INJ Hour a.m. p.m. 21. I certify i	in MEDIATE CA	DUE TO (b) DUE TO (c) CONDITIONS CO Day, Year 20b, DES Day Year 20b, William Willi	CRIBE HOW INJURY OCCURRED INJURY OCCURR	NOT RELATED TO THE TERMED. (Enter nature of injury in the party of the party of the party, street, office bidg.,	orm, '201. (Content) Inspection	it II of item 18.) City or town) In Inquir	(County	PERFOI	RMED?
	MEDICAL CERTIFICATION	Conditions, if an gave rise to immedie), estating the eause last. PART II. OTHI 20a. EXTERNAL C PRIMARY or C CAUSE OF DEATH 20c. TIME OF INJ Hour a.m. p.m. 21. I certify indeath resulted	in MEDIATE CA	DUE TO (b) DUE TO (c) CONDITIONS CO Day, Year 200, What was a single of the re-	CRIBE HOW INJURY OCCURRED INJURY OCCURR	NOT RELATED TO THE TERM ED. (Enter nature of injury in the property of the pr	Inspection	it II of item 18.) City or town) In financial Inquired In	(County	PERFOI	RMED?
	MEDICAL CERTIFICATION	Conditions, if an gave rise to immed (e), stating the eause last. PART II. OTHI 20a. EXTERNAL C PRIMARY Or C CAUSE OF DEATH 20c. TIME OF INJ Hour a.m. p.m. 21. I certify if death resulted ACTUAL SIGNATURE	in MEDIATE CA	DUE TO (b) DUE TO (c) CONDITIONS CO Day, Year 200, What was a single of the re-	CRIBE HOW INJURY OCCURRED INJURY OCCURR	NOT RELATED TO THE TERMED. (Enter nature of injury in the property) of the property of the pro	Inspection L EXAMINER	ill of item 1B.) Lity or town) In Inquir Indetermined m	(County	YES PERFOI	RMED?
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TO HOSPITAL Page 4 may TO FUNERAL I director, pag should be fill	Wm. Newcomer, M.D., Superintendent Mount Wilson, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1/17/67 23c. NAME OF CEMETERY OR CREMATORY Arlington, Virginia 24. FUNERAL DIRECTOR Tyson Wheeler Funeral Home-1331 Rockville Pike 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Tyson Wheeler Funeral Home-1331 Rockville Pike 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00268 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. death. funeral 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Baltimore b. COUNTY g. STATE filled in by the Pages 1 o Maryl and ve corbon papers. Pages 1 event, within 72 hours after MARYLAND Baltimore c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 21221 Essex Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital 513 Back River Neck Rd. YES NO [Clara 3. NAME OF Middle 4. DATE Day Year pleose remove corbon sicion ond completely DECEASED Elizabeth FERSTERMANN January 19 67 Clara (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Doys Hours March 28, 1897 White WIDOWED X Female DIVORCED 10a. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired) 11. BIRTHPLACE (Caunty & State, ar fareign country) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? Germany USA Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Hahn Clara Ahrens 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, 10, ar unknawn) ((If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 0 None Richard Ferstermann 513 Nack River Neck Rd. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Generalized Peritonitis / IMMEDIATE CAUSE (a). physician. signed ! DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause 4 moy be retained by the hospitol or attending has been os the last. 19. WAS AUTOPSY PERFORMED?
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registrar | 25b. Registrar's signature Moreland Memorial Pk. ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR-DATE JAN Funeral Home 1407 Eastern Ave. 1967

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>	ITE etai	sho th		saw the declared alive on 1-19, and that death occurred at 1015 M, from the causes and on the	e date stated above.
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00260 CERTIFICATE OF DEATH 00262 death ecuted within 24 haurs after death filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY and in any event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE sician and campletely f please remave carban Middle Month Doy Year DECEASED OF 196 (Type or print) DEATH DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE AGE (In years NEVER MARRIED rirthdoy) Months Dovs Hours WIDOWED DIVORCED requires that the death certificate be 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY physician v55; 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or remaval, SLOP attending phys 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (If yes give war or dotes of service) (Yes, no or unknown) 12-07-5756A INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-tronsit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ Page 4 moy be retained by the haspital ar attending physician. DUE TO signed Conditions, if ony, which gove rise to immediate couse (a). DUE TO peen stoting the underlying couse as the priar ta 40 last. WAS AUTOPSY has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? for use directar, page 3 should be detached for use shauld be filed with the State Dept. af Health NO YES O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) Hour o.m. Not While foctory, street, office bldg., etc.) 19 ot work ot work 21. I certify that (I) (this hospital) attended the deceased from. , 19 66, to , 196 1 that (I) (we) last 30 and that death occurred at \$15 cm, from chuses and an the date stated above. 196 saw the deceased alive an 220. SIGNAPURE 22b. DATE SIGNER ATTENDING PHYS. M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS David E. NAME (Type) Zickafoose, M.D. LOT 1916 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify)
24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 iarles DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. 1. PLACE OF DEATH-USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Pages 1 MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b R TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page hours filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE remove carbon parante any event, within 7 ON A FARM? YES X NO within NAME OF Middle 4. DATE Month Day DECEASED (Type or print) DEATH 19 executed 5. SEX 6. COLOR OR AGE (In years IFONDER 1 YEAR IF UNDER 24 HRS. Hours | Min. NEVER MARRIED WIDOWED DIVORCED physician a n please re val, and in a 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR & State. or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) COUNTRY? certificate attending physerming Then ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. Address **JNFORMANT** death (Yes, no for unkown) (If yes give war or dates of service) TO FUNERAL DIRECTOR: After this certificate has been signed by the at director, page 3 should be detached for use as the burial-transit permishould be filed with the State Dept. of Health prior to burial, cremation. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 18. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. arcinoma vearn IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, (c) NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATI YES NO V 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by p.m. at work at work OR ATTENDIN Jan 22 21. I certify that (I) (this hospital) attended the deceased from Janvary 1966, to January 22 196 Z, and that death occurred at 75 PM, from the causes and on the date stated above. saw the deceased alive on-DATE SIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. M.D. DIRECTOR Page 4 may PHYSICIAN'S NAME (Type 22d. **ADDRESS** 0 mermoun 23a. BURIAL, CREMATION, REMOVAL (Specify) (State) 231/ DATE THEREOF OR CREMATORY LOCATION (City, town or county EUNERAL DIREC EGISTRAR | 25b. REGISTRAR'S SIGNA 196 VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH O DISSON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Pages 1 and 2 urs after death. hours after death 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) A. COUNTY Ab. COUNTY **MARYLAND** b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside/corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) bon papers. Pag within 72 hours Towson MIRS = filled i e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 24 YES NO completely i D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. MAME OF First Middle DATE Month Day Last 4. DECEASED event, (Type or print) DEATH 6 19 6 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 MRS attending physician and cor rmit. Then please remove n, or removal, and in any eve 8. 9. 7. MARRIEO NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) INDUSTRY COUNTRY? Housewife auc na 5711 13. FATHER'S NAME MOTHER'S MAIDEN NAME iam R. n signed by the attend burial-transit permit. burial, cramation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 17. (Yes, no, or unkown) (If yes give war or dates of service) None 216-24-0566 Dunglow Road CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) dins s been s, the burial. DUE TO Cenditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating as th underlying cause last, (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. TO FUNERAL DIRECTOR: After this certificate h director, page 3 should be detached for use should be filed with the State Dept. of Health | PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 196 21. I certify that (I) (this hospital) attended the deceased from. Tanuary and that death occurred at 7 PM. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNEO 22a. SIGNATURE und Islens ATTENDING PHYS. MEO. DIRECTOR PHYSICIAN'S **ADDRESS** C. Kuwilsky NAME (Type) Baltimore Medical 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION. REMOVAL (Specify) Ceme tery Baltimore County, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR AI5 (4) 20M

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	00263 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00265
HEALTH DERTY	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
th:	MARYLAND MARYLAND MARYLAND MARYLAND
e 5 may be Department after death.	b CITY OR TOWN (if outside corporate limits, c. LENGTH DE STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) ALCIC - Evacuation Frankfulle 3 mms Balla - Runal - Park n'ile 3.1
5 m Separ	d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE
Page State D hours af	SSIS-D old Han price 8515-D old Han for 234 YES NOW
ny del 2, and 72 ho 72 ho	3. NAME OF DECEASED (Type or print) ALICE / Middle FLETCHER OF DEATH Serving 1 1967
th. If a ges 1, 3 form P	5. SEX 6. COLORDER RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthdey Months Days Hours Min.
with with and seent	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
a Give	House WiFe At Home hances ter Vennsylvaine USI
n 18. e along	13. FATHER'S NAME UN KONNY 14. MOTHER'S MAIDEN NAME UN KONNY
24 ho 1 Iten Office and and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, np, or unkown) ((If yes give war or dates of service)
within a pencil ir miner's permit. removal,	(Yes, no, or unkown) (If yes give war or dates of service) 219-22-8544 Frederick Eletcher SAMR
d wit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
ecuted ng" in il Exa ransit on, or	422.
''pending'' ''pending'' if Medical E	Conditions, If any, which (b)
d be "pe "pe buri	gave rise to immediate ceuse (a), stating the DUE TO
shoul ord Chief as a ial,	underlying cause last. (c)
ficate shoul the word of the Chief used as a to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nuture of Injury In Part I or Part II of Item 18.)
ng to I to be u	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
writing arded	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
EXAMINER. This certificate should be executed within 24 hours after death. If any delay, certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to hould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page les. R. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State I signated agent, prior to burial, cremation, or removal, and in any event within 72 hours a signated agent, prior to burial.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) Hour a.m.
Page nate	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion
EXAMINE the certification of t	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
S S S	ACTUAL CHECK C. HELE CHIEF MEDICAL EXAMINER C. ASSISTANT MEDICAL EXAMINER C. 22. DATE SIGNED
execute Page I for you	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
DEPUTY N ease exe rector. P stained for FUNERAL Health o	EXAMINER'S JOHN C, 144 (C) Address (Street, city, town, or county)
TO DEPUTY MED please execut director. Page retained for y TO FUNERAL DIF of Health or it	23a. BURNAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CHEMETERY OF CHE
	24. FUNERAL DIRECTOR AODRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AISME (5) 5M 1/65	Char. F. EVANI HON 8802 HANTAN / DATE JAN 4 1967 Julianes Judge

293,60 A CONTRACTOR RESIDENCE TO THE STREET AND ASSESSED ASSESSE The seal front may be selected in the seal was the selected of the The second of th Change O Lacare also to la la lacare de la Constantina della Const

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00264 CERTIFICATE OF DEATH 00266 death. requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remove carbon papers. Pages 1 and oval, and in any event, within 72 haurs after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Prince George's Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2yr6mth28dys Catonsville Mitchellville, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Spring Grove State Hospital 149A Church Road YES NO 3. NAME OF First Middle Lost 4. DATE Month Year DECEASED 1-12-67 Clarence Fletcher 19 (Type or print) A. DEATH IF UNDER 24 HRS. S SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Dovs Hours 1899 WIDOWED DIVORCED Male Negro 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) I(If yes give wor or dates of service) Spring Grove State Hospital Records: INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic cardiovascular disease Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending os the O FUNERAL DIRECTOR: After this certificate has been Generalized arteriosclerosis WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use Health 1 MEDICAL CERTIFICATION YES NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING detached f te Dept. af I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work should be 21. I certify that 11) (this hospital) attended the deceosed from 6-14-63 1-12 , 19 67 that (We) lost , 19 __ , to. and that death occurred at 9.1.2 M, from causes and an the date stated above saw the deceosed alive on 1-12-67 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. 1-12-67 X M.D. PHYS DIRECTOR directar, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS Spring Grove State Hospital NAME (Type) Narcisco.Carmona. M.D. Catonsville, Maryland 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Harmony Cemetery Landover, Md. 2Sb. REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Charles 1967

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00265 CERTIFICATE OF DEATH 00267 The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY BALTIMORE filled in by the my MARYLAND MARYLAND BALTIMORE c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b vithin 72 haurs af FORT HOWARD DAYS TURNERS STATION d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL 520 NORTH PITTSBURGH AVENUE NO X 3. NAME OF Middle 4. DATE First Last Manth Day Year DECEASED HENRY C FOSTER JANUARY 67 (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthday) Months Doys Hours MALE NEGRO WIDOWED DIVORCED FEB. 2, 1920 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during mast of working life, even if retired) COUNTRY? **INDUSTRY** STEELWORKER CLARKE COUNTY, GEORGIA II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILL HENRY FOSTER BLANNIE signed by the attenumy burial-transit-pergrit. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war or dates of service) 260 12 6277 CLIN. REC., VAH, FT. HOWARD, MARYLAND YES WW-11 ONSEL AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY TUBERCULOSIS ADVANCED Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO far use as the t f Health priar ta b stating the underlying couse this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO X CEREBRAL ARTERIOSCLEROSIS DIABETES MELLITUS. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II af item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH director, page 3 shauld be detached should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year (County) (Stote) factory, street, affice bldg., etc.) While Nat While at work at wark TO FUNERAL DIRECTOR: After 21. I certify that (4) (this haspital) ottended the deceased from DEC. 12 saw the deceased alive on JAN. 29, 1967, and that death accurred 39 1966, to JAN. 29, 1967, that (M (we) last P. _M, fram causes and an the date stoted above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) WON JU HAHN, M.D. VAH, FORT HOWARD, MARYLAND 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify)
BURLAL BALTIMORE NATIONAL VEMETERY BALTIMORE. MARYLAND 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Morton & Dyett Charles VR A15 (4) 20 M 1/66 DATEAN 1967 1701 Laurens St. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00266 CERTIFICATE OF DEATH 00268 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the funeral ages 1 and 2 rs after death PLACE OF OEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE hin 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 autside carporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Tus ATONSVI d. STREET ADDRESS 5514 Heather wood ⊒. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? filled event, wit NAME OF Middle 4. DATE Month Lost Dov Year DECEASED OF 10R JAN. 12 seb 196 (Type or print) OEATH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS birthdoy) Months Doys Hours and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR . BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? 5. Never 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME STO/ZENBACH WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5514 Hentherwood (Yes, no, or unknown) (If yes give war ar dates af service P MINNIE cremation, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND OFATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO signed burial, Conditions, if ony, which gave rise to immediate couse (o). **DUE TO** stating the underlying cause the has been lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. foctory, street, office bldg., etc.) While Not While DIRECTOR: After at work 21. I certify that (I) (this hospital) attended the deceased fram 1967, ta. 196 /, that (1) (we) las directar, page 3 shauld should be filed with the and that death accurred at IIP M, from causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. OATE SIGNEO **ATTENDING** STAFF M.O. PHYS. DIRECTOR PHYS. 22d. AODRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 23o. BURIAL, CREMATION. 23b. OATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Md. LORRAINE UYIA 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR

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AODRESS

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2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

Charles

VR A15 (4) 20 M 1/66 24. FUNERAL DIRECTOR

Howard H. Hubbard, 4107 Wilkens Avenue

The Research of the Committee of the Com

1		1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
	'n.	-6 C	00268 CERTIFICATE OF DEATH	0270
	24 hours after death.	funeral and 2 r death.	1. PLACE OF DEATH a. COUNTY b. COUNTY c. USUAL RESIDENCE (Where deceased lived, If institution: Res	sidence before admission
	ter	he f s 1 fter	Baltimore MARYLAND Md 21117 Bal	llemore
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	nou	s. F	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e, IS RESIDENCE
	24	and completely filled in by the fremove carbon papers. Pages 1 any event, within 72 hours after	Dulanes Ly son Nersing Lome Caveyand Lane	ON A FARM?
	hin	within within	3. NAME DF (First Middle Last 4. DATE Month	Day Year
	executed within	carb carb ent, v	(Type or print) William A LAUNOR DEATH	23 1967
0	utec	ove v eve		YEAR IF UNDER 24 HRS
	exec	and rem	Wate while WIDOWED DIVORCED 1975.	TIZEN OF WHAT
		cian ase nd ir	Lduring most of working life, even If retired) INDUSTRY COU	UNTRY?
	ate	ple al, a	13. FATHER'S NAME Shoes Ballimore 14. MOTHER'S MAIDEN NAME	USA
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	ı ce	the attending physician and t permit. Then please remo ation, or removal, and in any	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)	ras Mills
	deatl	e att perm ion,	NO 1 1217-01-7887 Mr. Emartase N. Cagnori, caveswood	Lare
	the	y th sit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	hat i	ed trar-trar	1 2 2 4/ V IMMEDIATE CAUSE (a) STONE CHO FILE COME COME	Ldays
	es t	sign urial urial	Cenditions, If any, which (b)	
	quir ng p	been signed by the att the burial-transit permit for to burial, cremation, o	gave rise to immediate cause (a), stating the DUE TO Surgery Selves al a celebral a Palioscles as:	2 0
	w re	as th prior	underlying cause last.	dyvs.
	The law requires that the death certificate be or attending physician.	certificate has hed for use as t. of Health price	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH (I FEITHER, NOTIFY MEDICAL EXAMINER)	19. WAS AUTOPSY PERFORMED?
		for use Health	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	ATTENDING PHYSICIAN: retained by the hospital	certi hed 1 t. of	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	HYS he h	this detacl	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work Not While at work at work 20d. INJURY OCCURRED factory, street, office bldg., etc.) 20f. (City or town) (Counterpress)	nty) (State)
	NG F	fter be c State		
	ATTENDI	R. A puld the the	21. I certify that (I) (this hospital) attended the deceased from 1966, to 30, 196	
	ATT	showith with	Saw the deceased alive on 1907, and that death occurred at 7 m, from the causes and on the	ie date stated above Te signed
	Se de	ge ge	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 1/-	23/67
	TO HOSPITAL (TO FUNERAL DIRECTOR: After director, page 3 should be filed with the State	22c PHYSICIAN'S 1	13ALTO. Md
	HO.	FU	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)
	01	500	Burial 1/25/67 Hebrew Friendship Baltimore, Ma	reland
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		A15 (4) A 1/65	Sol Levinson & Bros. Inc., 6010 Reisterstown DATE AN 30 1967 June	0 "

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00269 CERTIFICATE OF DEATH filled in by the funeral papers. Pages 1 and 2 thin 72 haurs after death. death. be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY o. STATEMaryland b. COUNTY Baltimore Baltimore MARYLAND by the Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)
Mt. Washington Mt. Washington e. IS RESIDENCE ON A FARM? YES NO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled i Old Piblico Road Old Pimlico Road 3. NAME OF Middle 4. DATE carban event, with First Lost Month Dov Year campletely DECEASED 1967 WALTER T. GEARY DEATH January 10 (Type or print) AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED ast birthdoy) Months Dovs White Aug. 15, 1883 Male WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done and in COUNTRY? U.S.A. during most of working life, even if retired) Meats Maryland OR ATTENDING PHYSICIAN: The law requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remaval Mary O'Day John Geary attending nermit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no. or unknawn) (If yes give war or dotes of service 0 218-32-3829 Howard W. Geary Old Pinlico Road crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO burial, Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO priar ta stoting the underlying couse the has been lost (c) S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? State Dept. af Health NO this certificate far 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) foctory, street, office bldg., etc.) Hour o.m. Not While FUNERAL DIRECTOR: After ot work 21. I certify that (1) (this haspital) attended the deceased fram 196/, that (1) (we) las director, page 3 shauld shauld be filed with the and that death occurred at_ M, from causes and on the date stated above say the deceased olive an. 22b. DATE SIGNED 22d SGNATURE ATTENDING MED. DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) William G. Helfrich, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) BIREMOVAL (Specify) 1/13/67 New Cathedral Baltimore, Md. 25b. REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 1961 Ullrich Funeral Home 4210 Belair Road.

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MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00272 CERTIFICATE OF DEATH 00274 ont 2 ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth Tuperal 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND in by the Pages c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b papers. Pag hin 72 hours Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled 1305 -Wildwood Summit Nursing Home Par kwa YES NO carbon 3 NAME OF DATE Lost Month Dov Year DECEASED MARY **GOHEEN** January 11, 1967 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months Female White WIDOWEO TX /5/1879 DIVORCED ond 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pup W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Roderick Harriot Gibson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. offendi (Yes, no, or unknown) (If yes give war or dates of service 0 Miss Mildred Goheen (above address No cremation INTERVAL BETWEEN Daughter 18. CAUSE OF DEATH (Enter only one coose pervine for (o), (b), and (c).) ONSET AND OEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse edes has been Health prior to last 05 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) of work of work O FUNERAL DIRECTOR: After 19 6 7that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. be retoined saw the deceased alive an_ 1967, and that death accurred at 3.P. M. from causes and an the date stated above 101111 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS ed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. D.P. Alagia 305 Frederick Ave, Catonsville, Md. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Mt.Olivet Cemetery Wash. 2So. REC'D BY REGISTRAR ADDRESS Mt. Rainier 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Na] VR A15 (4) 25M 1/67 Mar yland DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00273 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death. and completely filled in by the funeral remove carbon papers. Pages 1 and in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Baltimore o COUNTY o. STATE Maryland Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)

Parkville c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURA), and give neorest town) Baltimore e. IS RESIDENCE ON A FARM? YES NO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 3131 Acton Road 3131 Acton Road 3. NAME OF First Middle Last DATE Day DECEASED 11, 19 67. William H. Good January DEATH (Type or print) AGE (In years lost pirthday) 5. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED Months Days White December 12.1904 Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired 11, BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY Steel Co. 12. CITIZEN OF WHAT COUNTRY? IISA West Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Josephine McGinnes William Good 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dotes of service Mrs. Edna D. Good (Same) 213-07-0300 INTERVAL BETWEEN CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit p DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse by the hospitol or attending O FUNERAL DIRECTOR: After this certificate has been the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO PK ور 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City ar town) (Stote) 20d. INJURY OCCURRED (County) 20c, TIME OF INJURY Month, Doy, Year Haur am factory, street, affice bldg., etc.) Nat While at wark 21. I certify that (1) (this hospital) attended the deceased from are be retoined 161967, and that death occurred at 11:20 PM, fram causes and on the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. PHYS. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) director, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23a. BURIAL, CREMATION, 1/16/67. Greenmount Crematory Baltimore. Md. ADDRESS 25a. REC'D BY REGISTRAR 2Sb. REGISTBAR'S SIGNATURE 24. FUNERAL DIRECTOR Leonard J. Ruck. Inc. Balto. Md. # 21214

DATE

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EXAMINER'S NAME (Type)	Charles	S. Pet	Ev.				unty)	1/24	./67
23a. BURIAL, CREMAT	ON, 23b. DATE THE			ERY OR ((County)	(State)
Burial Specif									Md.
			ADDRESS		2So. REC	D BY REGISTRAR	2Sb. REGISTRAR	S SIGNATURE	94
Charles	E. Kurtz	Jarre	ettsvill	le,	Md. DATE	JAN 27	1967 gcc	carles &	udge
	DO274 1. PLACE OF DEATH O. COUNTY B. CITY OR TOWN write RURAL or Park d. NAME OF HOSPI Baltimor 3. NAME OF DECEASED (Type or print) S. SEX Male 100. USUAL OCCUPATIO during most of working Labor 13. FATHER'S NAME John 15. WAS DECEASED EV (Yes, no, or unknown) NO 18. CAUSE OF DEATH OCCUPATION Conditions, if on' rise to immedia stoting the undi lost. PART II. OTHER S OCCUPATION CONTROL PART III. OTHER S OCCUPATION CONTROL CONTROL PART III. OTHER S OCCUPATIO	DIVISION O OC274 1. PLACE OF DEATH	DIVISION OF VITAL RECO OC274 MEDIC 1. PLACE OF DEATH o. COUNTY Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Parkton d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give Baltimore - Harrisburg Expr 3. NAME OF FECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED DEATH White WIDOWED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 13. FATHER'S NAME John H. Grafton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng., or unknown) (If yes give war or dates af service) NO 18. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART II. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO IN the underlying couse lost. 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. Hour a.m. p.m. 19 at wark 21. I certify thot I took chorge of the remainded hoth resulted fram: Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Pet 23a. BURIAL, CREMATION, BUTTAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Pet 23a. BURIAL, CREMATION, BUTTAL SIGNATURE EXAMINER'S NAME (Type) 24. FUNERAL DIRECTOR	DIVISION OF VITAL RECORDS, 301 W. F OC274 MEDICAL EXAMINI 1. PLACE OF DEATH O. COUNTY Baltimore b. CITY OR TOWN (If outside carporate limits, write, RURAL and give nearest tawn) Parkton d. 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BURIAL, CREMATION, BY 126/1967 William Wat 24. FUNERAL DIRECTOR ADDRESS	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIM MEDICAL EXAMINER'S CERTIFICATE (I. PLACE OF DEATH O. COUNTY Baltimore B. CITY OR TOWN (If outside carporate limits, write, RURAL and give mearers frown) Parkton ANAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Baltimore - Harrisburg Expressway J. AMBE OF DECEASED OFFICE OF MILLIAM C. GRAFTON S. SEX A. COLOR OR RACE White Widowed Widowed Widowed Widowed Widowed Windowed Widowed Wid	PRACE OF DEATH O. COUNTY Baltimore MARYLAND C. LENGTH OF STAY IN 1b O. STATE Pennsylvania O. STATE O. ST	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OCO274 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH o. COUNTY BALTIMORE b. CITY OR TOWN, (if outside corporate limits, write RURA) and give newest town) Farkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street oddress) Baltimore - Harrisburg Expressway 1. NAME OF BEATH OCO276 I. NAME OF BALTIMORE - HARRISD BALTIMORE - HARRISD WILLIAM C. GRAFTON GRAFTON	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREEF, BAITHMORE, MARYLAND 21201 OC274 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OC271 I. PLACE OF DEATH O. COUNTY Baltimore D. CHAPTER OF DEATH D. CHAPTER OF DEATH (In or bridge decreased lived, if institution: Revisions Revisions Per Country) Stewartstown A STREET, BAITHMORE decreased lived, if institution: Revisions Revisions Per Country STEWART AND COUNTRY OF DEATH (In or DEATH LOO DEATH DEATH AND COUNTRY OF DEATH AND CHAPTER OF DEATH AND CHAPTER OF DEATH AND COUNTRY OF DEATH AND CHAPTER OF DEA

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
F22	00275 CERTIFICATE OF DEATH	0277
es 1 and 2 after death,	1. PLACE OF DEATH a. COUNTY Baltimore County MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Resi a. STATE Maryland b. COUNTY Bal	timore
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00	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 504 Alleghany Avenue 504 Alleghany Avenue	e. IS RESIDENCE ON A FARM? YES NO X
	3. NAME DF First Middle Last 4. DATE Month DECEASED OF	Day Year
	(Type or print) Twick S. Powers Grason DEATH January 2	5 1967 YEAR F UNDER 24 HRS ays Hours Min.
i	Female write WIDOWED DIVORCED Sept. 6, 1881 85 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITI	ZEN OF WHAT
	Housewife own home West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	IS A
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1	22c. PHYSICIAN'S 22d. ADDRESS	wson, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count Premoval Specify) 1/28/67 Prospect Hill Cemetery Towson, Nd. 212	-1
P	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
A	John Burns Sons 610-12 York Road Towson DATE JAN 31 1967 gels	The Judge

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1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission
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Ī	b. CfTY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporata limits, writa RURAL and give neerest town)
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ı	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS o. 15 RESIDENCE ON A FARM?
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I	3. NAME OF First Middle DECEASED (Type or print)	Graves Death Jan 4 1957
ŀ	30 571.2	B. DATE OF BIRTH 9. GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
١	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	3-9-1892 (ast birthday) Months Days Hours Min.
-	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	
	done during most of working tife, even if retired)	
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	ROSEWALL W GRAVES	SOPHIA L WYATT
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address planere 21704
J	(Yes, no, or unknown) (If yes give war or dates of service)	Whintless A. Wisatt 1510 W Locust and The
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Cerebral Vasco	claraccident a no hemplogra 2 whs.
	331/ DUE TO	
1	Conditions, if any, which (b)	
d	gave rise to immediate causa (a), stating the undarlying DUE TO	
1	causa lasf. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT	PERFORMID?
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	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH OF LITHER, NOTIFY MEDICAL EXAMINER	
1		LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ı	Hour a.m. While Not While	actory, street, office bldg., etc.)
I	p.m. 19 et work et work 21. I certify that (I) (this hospital) attended the deceased from	n , 1959 to 4 , Jan, 1967, that (1) (we) la
I		at death occurred at 15 PM, from the causes and on the date stated above.
ı	22e. SIGNATURE	22b. DATE
ı	Paul Royse	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
d	22c. PHYSICIAN'S	22d. ADDRESS / + +2 - 24/1/2 NA / 2/26
	NAME (Type) Paul L TROYSE	1403 Foley La Pikesuille Md 2120.
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (Stote)
	iluma / Janua 6/16/28 / han	ist cemelle sperison, the
)	Marie	
3	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATIAN 10 1967 Pleaseles Judge

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00279 00277 The law requires that the death certificate be executed within 24 haurs after deoth filled in by the funeral and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE NO MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) New York d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? College Manor Nursing Home YES NO 3. NAME OF 4. DATE carban Middle Day Year DECEASED (Type or print) ess DEATH 19 6 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Dovs Hours Whi to July female 25. 1877 in any WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if retired) **INDUSTRY** COUNTRY? Maryland Nursing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dunlap Katherine Amasie Thompson 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, ng, ar unknown) (If yes give wor or dotes of service) 120-18-3881 Mr. H. Thompson Bosee 4416 Underwood Rd crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO burial, Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION detached far use e Dept. af Health YES NO by the hospital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. foctory, street, office bldg., etc.) Not While ot work at work 21. I certify that (1) (this haspital) attended the deseased fram. de ta 196 (that (1) (web) last 19/07, and that death accurred at OAM, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) William F. Fritz. University Pkway director, shauld 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Baltimore Md. Buria 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTICICATE OF DEATH

	00269	CERTIFICATE	OF DEATH		00280
1.	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (V	Where deceosed lived, if institution b. COUNTY	
	BALTIMORE	MARYLAND	MARYL		NNE ARUNDEL
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporote limits, write RURAL	ond give neorest town)
	write RURAL and give neorest town) FORT HOWARD	61 DAYS	CROWN	SVILLE	122
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	tol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
	VETERANS ADMINISTRATIO	N HOSPITAL			ON A FARM? YES NO
3.	NAME OF First	Middle	Lost	4. OATE Month	Ooy Year
	OECEASEO (Type or print) JOSEPH	WILLIAM	GRAY	OF DEATH JANUA	RY 11 1967
S.	SEX 6. COLOR OR RACE 7. MARR	IED K NEVER MARRIED E	. OATE OF BIRTH	9. AGE (In years	F UNDER 1 YEAR IF UNDER 24 HRS.
	MALE NEGRO WIDOW	VED DIVORCED	OCT. 29. 1	914 lost birthdoy) 52 yrs.	Months Doys Hours Min.
	o. USUAL OCCUPATION (Give kind of work done 10	b. KIND OF BUSINESS OR		& Stote, or foreign country)	12. CITIZEN OF WHAT
du	ring most of working life, even if retired)	INDUSTRY FARM	LOTHIAN,	MARYTAND	COUNTRY?
_	. FATHER'S NAME		14. MOTHER'S MAIDEN N		Violiti
	GEORGE GRAY		M	ARY WHITTINGTON	
15	S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Y	'es, no, or unknown) (If yes give wor or dotes of service)	218 12 90 37 C	T.TN RECORDS	, VA HOSPITAL,	EN HOUNDD MD
2	conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	NG TO OEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMEO?
ATIO					YES NO S
CERTIFICATION		o. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in	Port I or Port II of item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20		E OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (Stote)
F	21. I certify that (1) (this haspital) at saw the deceased alive a	tended the deceased fram_1 6719, and that	1/11/66 , 1 death accurred at		d an the date stated above
	220. SIGNATURE Lever	wan M.D	1111-11	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 1/12/67
	22c. PHYSTCIAN'S NAME (Type) PETER JUVAN,	M. D.	VAH FOR	T HOWARD, MARYL	AND
23	bo. BURIAL, (REMATION, REMOVAL (Specify) BURTAL 23b. DATE THEREOF	23c. NAME OF CEMETERY OR O		23d. LOCATION (City or Town	
2	4. FUNERAL DIRECTOR	ADORESS PETERCE ETIMEDAT HO		BY REGISTRAR 2Sb. REGIS	STRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior ta burial, cremation accordingly ond in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospitol or ottending physician.

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Paren July M. P.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00279 CERTIFICATE OF DEATH 00281 requires that the death certificate be executed within 24 haurs after death. death r filled in by the funeral n papers. Pages I and 2 ithin 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARVIAND Maryland Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Woodlawn Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 2707 Gwynnmore Avenue 2707 Gwynnmore Avenue YES NO T within 3. NAME OF 4. DATE corban Lost Dov Year DECEASED Charles Edward Grewe 26 remave carb January 19 67 (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours White WIDOWED DIVORCED -13-1899 Male 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY and Baltimore Tool & Die Specialist 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remaval, Louis Grewe Elizabeth 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 216-03-4259 Muriel O. Grewe 2707 Gwynnmore Ave. crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending the has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate ā 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m Not While ot work ot work attended the deceased from Anti-21. I certify that (1) (this haspital) 1966_, to and that death accurred at TP M. From causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS 22d. 22c. PHYSICIAN'S NAME (Type) director, p LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) Burial (Specify) 1-30-1967 Lorraine Cemetery Baltimore, Maryland 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL-DIRECTOR (Charles DATE JA 4600 Liberty Hghts. Avenue



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00280

FOR STAT HEALTH

and 3 to PM3. Page any delay is

in pencil in Item 18. Give Poges

00282

1.	PLACE OF DEATH			2. USUAL RESIDENCE ()	Where deceosed lived, if institution: Res	idence before odmission)				
	o. COUNTY Balt	imore	MARYLAND	Maryla	Maryland Baltimore					
	b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH DF STAY IN 16	c. CITY DR TDWN (If ou	tside corporate limits, write RURAL and	(URAL and give nearest tawn)				
	Dund	alk	5 Years	Dundalk		03.1				
		AL OR INSTITUTION (If not in hospitol, o	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
	2005 Fr	emes Road		2005 Fran	nes Road	YES NO X				
	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year				
	(Type or print)	Laurie	Elmer	Griffin	OF DEATH January	12, 1967				
S. :	SEX Male	6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED X	8. DATE OF BIRTH 6/22/90	9. AGE (In years IF UNI Nonth					
			ND OF BUSINESS OR	11. BIRTHPLACE (Stote		CITIZEN OF WHAT				
duri	ing most of working Fam		DUSTRY	North Car	rolina	U. S. A.				
13.	FATHER'S NAME	, 200		14. MOTHER'S MAIDEN	NAME					
	Jim	Griffin		Eliza	beth Griffin					
15.	WAS DECEASED EVE	R IN U.S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT (Son)	Address	21224				
(Ye	No	R IN U.S. ARMED FORCES? 16. ((If yes give wor or dotes of service) 23	7-28-8158 Jam	es Griffin]	420 Bonsol St. Ba					
	18. CAUSE OF DEATH (Enter anly one cause per line for (o) (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ASSOCIATION OF CONTROL OF CON									
	PART I. DEA	TH WAS CAUSED BY: / IMMEDIATE CAUSE (o)	H-5-C-V-	DISEAS	2	DNSET AND DEATH				
	420.	DUE TO								
	Conditions, if ony									
	rise to immediat									
	last.	(c)								
~	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?				
Alic	12.00		/ v.			YES ND X				
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED LEpter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH.										
MEDICAL	20c. TIME OF INJU Hour o.r	n. While	Not While for	KCE OF INJURY (Home, form tory, street, office bldg., etc.)		(County) (Stote)				
		01 10011		eld an Autansy	Inspertion - Inquiry -	1 and in my aninia				
	21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection Inquiry and in my apini death resulted fram: Natural causes *** Accident, Suicide, Hamicide Undetermined manner									
	00011, 10301	man d	J, Actaom, sor	CHIEF MEDICAL						
	ACTUAL SIGNATURE	11/2 Da	w	M.D. ASSISTANT MED	ICAL EXAMINER	22. DATE SIGNED				
	EXAMINER'S NAME (Type)	Melvin B. Davis	M.D.	Address (Street	LEXAMINER Dundalk, city, town, or county 6800 Mo	rnington Rd.				
230	. BURIAL, CREMATIC REMOVAL (Specify		23c. NAME OF CEMETERY DR	CREMATORCEMeter	y 23d. LOCATION (City or Town)	(County) (Stote)				
0.1	Burial Specify		Rosebua Unris	tian Church	Walliut Cov					
24	. FUNERAL DIRECTO	K	ADDRESS	250. REC	BY REGISTRAR 2Sb. REGISTRAR	CO DIONATUKE				

John J. Duda 7922 Wise Ave. Dundalk, Md.

VR A15ME (5) 6M 1/67

24. FUNERAL DIRECTOR

5 moy be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

please execute the certificate, writing the word "pending"

MEDICAL EXAMINER:

This certificate should be executed within 24 hours after death. If

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. S. . gerse . As design Child in Jahre Menth . F. 11-15-15.

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

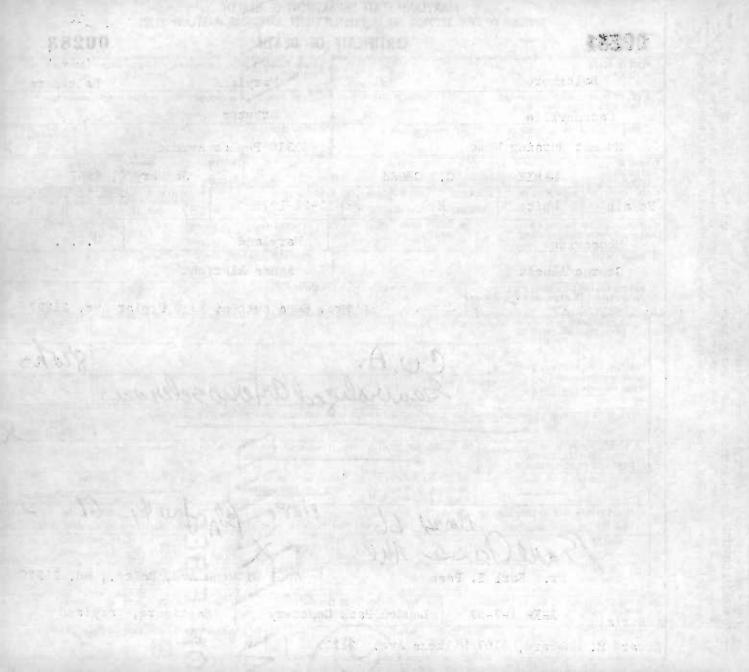
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00281

CERTIFICATE OF DEATH

00283

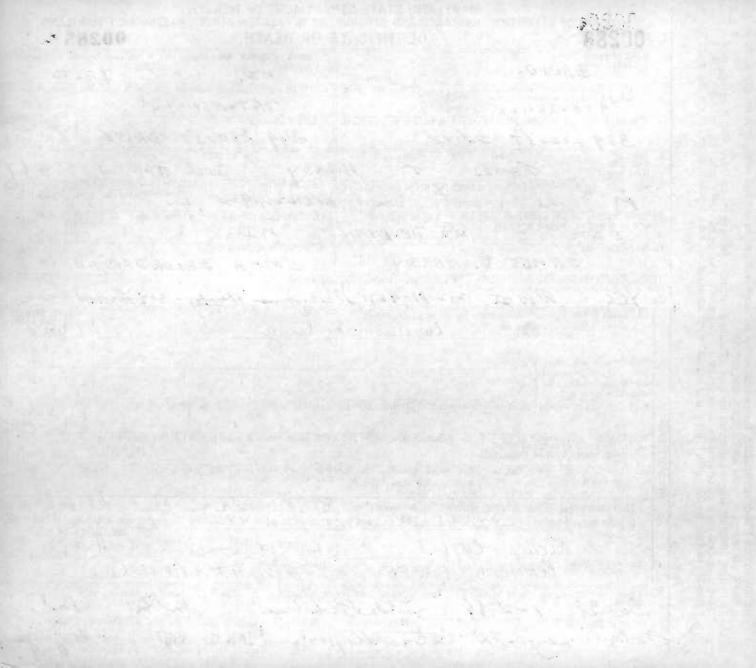
	PLACE OF DEATH			T		Where deceosed lived, if institution	n: Residence I	before odmission)	
	o. COUNTY Baltimo	ore	MARYLAN	ND	o. STATE Mary	land b. COUNT	Ra	ltimore	
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	write RURAL and give near Catonsvil			Arbu	tus	1.	3.1		
	d. NAME OF HOSPITAL OR INST			d. STREET ADDRESS			e. IS RESIDENCE		
	Summit Nu	r ši ng Home			1310 Po	plar Avenue		ON A FARM? YES NO X	
	NAME OF DECEASED (Type or print)	ARIE C	Middle GROSS		Lost	4. DATE Month OF January	4, 19	Doy Year 67 19	
		r OR RACE 7. MARRIED WIDOWED	NEVER MARRIED [DIVORCED [DATE OF BIRTH 12-21-1879	9. AGE (In yeors lost birthday) 87 yrs.	Months Do	EAR IF UNDER 24 HRS. loys Hours Min.	
	o. USUAL OCCUPATION (Give kind ring most of working life, even if Housewife		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County) Marylane	& Stote, or foreign country)		EN OF WHAT	
13.	. FATHER'S NAME				14. MOTHER'S MAIDEN N				
	George All	neit			Agnes A	Albright ·			
	es, no, or unknown) (If yes give		SOCIAL SECURITY NO.	17. 11	FORMANT	Address		31 0 31 -	
(//	es, no, or enknown) (in yes give	wat or doles of service)		Mrs	s. Edna But	ton, 1310 Popla	r Ave	. 21227	
	1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse per line for	(a), (b), ond (c).)					INTERVAL BETWEEN ONSET AND DEATH	
		MEDIATE CAUSE (o)			, , , , , , , , , , , , , , , , , , , ,		ONSET AND DEATH		
	Solding if any which area DUE TO								
	Conditions, if only, which gove rise to immediate couse (a).								
	stoting the underlying coulast.	Se DUE TO	Tenera	liz	ed are	rio seleros	zes		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO								
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of w								
	21. I certify that (I) (this haspital) attended the deceased fram Nov , 1960, to to 1966, that (I) (we) last saw the deceased glive an 1966 and that death accurred at 1960 M fram causes and on the date stated above.								
	220. SIGNATURE EAUL Pass MUL M.D. ATTENDING MED. DIRECTOR DIRECTOR PHYS. D								
	22c. PHYSIGAN'S NAME (Type) Dr	. Earl I. Pa	ss		4001 Wi	lkens Ave, Balt	to., M	ld. 21229	
230		23b. DATE THEREOF XXx 1-7-67	23c. NAME OF CEMETER Loudon Pa			23d. LOCATION (City or Town Baltimore,		ounty) (State)	
	4. FUNERAL DIRECTOR		ADDRESS	0	. 250 RECT	BY REGISTRAR 67 256 REG	ISTRAR'S SEGN	NATURE	
H	oward H. Hubb	ard, 4107 Wil	kens Ave.	212	29 DATE AIN	1001		0	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00282 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) delay is ond 3 to M3. Page o. COUNTY o. STATE b. COUNTY Deportment of Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)

Baltimore Rus c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Raltimore Rura1 Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? hours olang with form within 72 hour 34 Yorkway 34 Yorkway Give Poges YES NO after death. 3. NAME OF 4 DATE First Lost Month Day Year DECEASED M/ HABICHT 19 67 FRANCES 14 January Type or print DEATH S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months in Item 18. Hours August 25, 1909 White WIDOWED DIVORCED 24 hours Female. 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Maryland poges in any At home word "pending" in pencil in the Chief Medical Examiner's pencil 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Frank Urbancik Mary Shrachovec gud 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) used as a burial-transit permit. burial, cremation, or removal, 213-05-3520 Carl W. Habicht 34 Yorkway 21222 IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
Compression INTERVAL BETWEEN ONSET AND DEATH Compression of Cervical Spinal Cord IMMEDIATE CAUSE (o) e, writing the word forwarded to the Ch DUE TO Conditions, if ony, which gove (b) Fracture of Cervical Vertebra, C4. rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? pleose execute the certificote. YES X NO pe agent, prior to Poge 4 shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should PRIMARY TX or CONTRIBUTING L'AL EXAMINER: Fall down steps CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year Hour XXXX 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.)
Home Not While moy be retained for your FUNERAL DIRECTOR: Page of work 1967 ot work 1/14 Baltimore Md. 21. I certify that I took charge of the remains described above, held an Autapsy Inquiry [Inspection and in my opinion Accident X Homicide deoth resulted from: Natural couses / Suicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL aller 5 22. DATE SIGNED Heolth or its ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 1/15/67 **EXAMINER'S** Charles S. Petty NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 0 BREMOVAL (Specify) Baltimore Co., Md. 1/18/67 Gardens of Faith 250. REGDABY, REGISTRAR 19626. REGISTRARY SIGNAUSE 9 24. FUNERAL DIRECTOR VR A15ME (5) Ullrich Funeral Home Dundalk, Md. 6M 1/66

D. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town and the write RURAL and give street address) d. STREET ADDRESS d. STREET ADDRESS 3. NAME DF DEATH DF DF DEATH DF DF DEATH DF	RYLAND
a. COUNTY BALTO MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Wile RURAL and give nearest town) A TONS VILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 3. NAME OF DECEASED FIRST MIDDLESS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10. SURVER MARRIED 10. STREET ADDRESS 3. NAME OF DEATH	85
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	(State)
21. I certify that (I) (this hospital) attended the deceased from tel. 5, 1934, to 2 and (, 1967)	_, that (I) (we) la
saw the deceased alive on gam 1 1967, and that death occurred at 40 M, from the causes and on the	
22a. SIGNATURE 22b. DATE ATTENDING MED. STAFF 7	E SIGNED
(Cermand Goffe) M.D. ATTENDING MED. DIRECTOR STAFF //3/ DIRECTOR PHYS. //3/ 22c. PHYSICIAN'S 22d. ADDRESS	10
NAME (Type) KENNARD YAFFE 550, Forest Park Cive	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count)	ml.
24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 25b. REGISTRAR'S S	SIGNATURE
Tarley-Ceronary & JA. Catonwally, md. DATE JAN 6 1967 Jeliane	as Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00284 FOR STATE 00286 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Yowson Baltimore Maryland Rakkimore a. STATE b. COUNTY 2, ond 3 to PM3. Page pages 1 and 2 with the State Department of MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Baltimore #14 c. LENGTH OF STAY IN 1b. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Office olong with farm X 1905 Swansea Rd. St. Joseph Hospital Give Pages Middle NAME OF 4. DATE Month Day Year DECEASED 19 67 Harrell 14 Marv Elizabeth DEATH (Type or print) IF UNDER 1 YEAR S. SEX AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH birthday) Manths Haurs 8-281913 tem 18. ony event within 72 hours ofter death. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af wark dane during mast of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT North Carolina INDUSTRY COUNTRY? USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Gary Sullivan Unknown File F This certificate should be executed with the certificate, writing the word "pending" in per 4 should be forworded to the Chief Medical Exom 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na runknawn) (If yes give war ar dates af service) permit. 214-22-9961 Mr. Wesley B. Harrell (Same) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line to-(a), (b), and (c). buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (c DUF TO Canditians, if any, which gave rise to immediate cause (a), = 0 stating the underlying cause and last 3 should be used WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) or removol, the certificate, 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH cremation, (City or town) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (Caunty) (State) factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Poge Nat While at wark at wark 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection . Inquiry and in my opinian deoth resulted from Natural couses Accident Homicide [Undetermined manner Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE 1/14/67. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) CHARLES Address (Street, city, tawn, ar caunty) F. O'DONNELL, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL CREMATION. (County) 0 Lakeview Mem. Cemetery REBOYAL See Try) 1/18/67. Eldersbarg, Carroll, Md. ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY BALTIMORE o. STATE b. COUNTY MARYLAND MARYLAND and campletely filled in by the remave carban papers. Pages c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b FORT HOWARD neorest town) 59 DAYS BALTIMORE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? within 72 VETERANS ADMINISTRATION HOSPITAL 530 SOUTH HANOVER ST. YES NO XX First Middle 4. DATE Lost Month Year DECEASED ROBERT **ABRAHAM** HART 19 67 JANUARY 2 (Type or print) DEATH 1 YEAR S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 86 birthdoy) Months Dovs Hours 1880 MALE NEGRO WIDOWED DIVORCED APRIL 19. 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) edse during most of working life, even if retired)
CHAUFFEUR COUNTRY? U.S.A. INDUSTRY FRANKLIN, VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JUNIUS HART MINNIE WELLS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. VA HOSPITAL (Yes, no, or unknown) (If yes give wor or dotes of service) 217 22 91 26 YES S.A.W. CLINICAL RECORDS FORT HOWARD. MARYLAND 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit WHICHOWN CARCINOMA HEAD OF PANCREAS IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the truspers.

O. FUNERAL DIRECTOR: After this certificate has been a formal by Apparature of the second seco PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION Dept. of Health YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Yeor (Stote) foctory, street, office bldg., etc.) Not While at work ot work 21. I certify that (1)/(this haspital) attended the deceased fram NOV. 4 19 66 to JAN. 2 1967, that (1)/(we) last 19 67, and that death occurred at 250P M, from causes and on the date stated above. saw the deceased olive an JAN. 2 22o. SIGNATURE 22b. DATE SIGNED 67 ATTENDING M.D. PHYS DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH FORT HOWARD, MARYLAND MILTON GINSBERG. M. D. 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) BURIAL (Specify) EASTLAWN MASS. WILLIAMSTOWN. 0 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR. RICE FUNERAL HOME 20 M 1/66 661 W. BARRE ST. BAITIMORE, MD.

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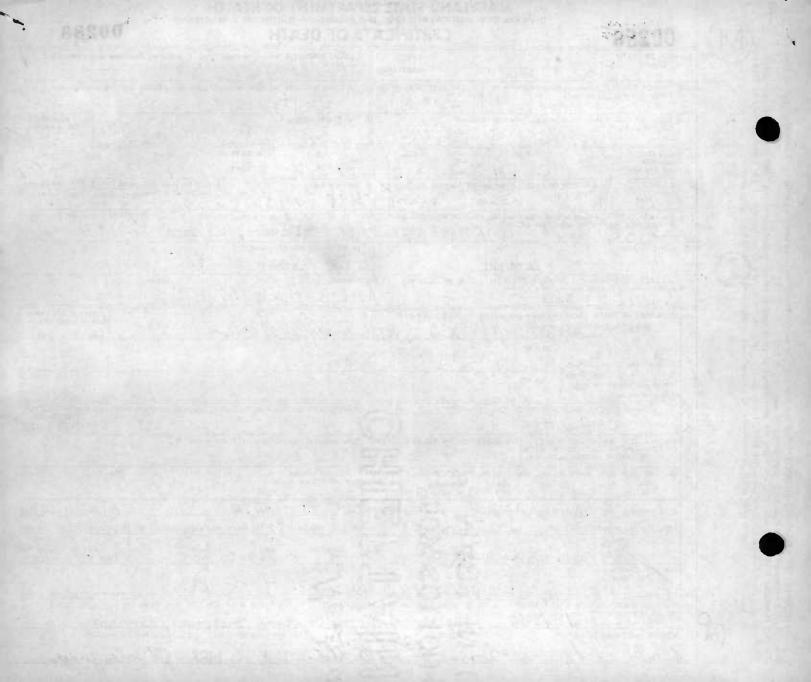
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00288

15	00286	CERTIFICA	TE OF DEATH	0	0288
	LACE OF DEATH COUNTY Balt, MOV	2 MARYLAND	2. USUAL RESIDENCE (Where deceased I	iyed. If institution: Residence b. COUNTY	befare admission)
b	CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If butside corporal B& +1 MOVE		30.4
d	1. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION A WAR LOST	UVS Home	d. STREET ADDRESS 3333 N.C	Pharles St	e. IS RESIDENCE ON A FARM? YES NO 12
D	NAME OF STEEL STEE	5. Middle Ha	THAN 4. DATE OF DEATH	Manth	Day Year 2/ 1967
S. SE	M WIDOW	ED DIVORCED	Mar. 24 1888	last birthday) Manths [YEAR IF UNDER 24 HRS. Days Haurs Min.
	USUAL OCCUPATION (Give kind af wark done during most of working life, even if refired)	NVESTMENT.	Baltimore, Ma		EN OF WHAT COUNTRY?
13. F.	ATHER'S NAME Hartman		14 MOTHER'S MAIDEN NAME Esther	?	
1S. V (Yes,	NAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	VUVS. Home Ch	art	Grand Bright
	PART I. DEATH Enter only one cause per li PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stoting lhe under. lying cause lost. (c)	ne for (a), (b), and (c), f 400 av dial	Infarction		INTERVAL BETWEEN ONSET AND DEATH MM COLOR
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS				1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port I	I af item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p. m. 19 20d. II While at wor	Not while for	ACE OF INJURY (Hame, form, 20f. (City a tary, street, office bldg., etc.)	r tawn) (Co	ounty) (State)
	21. I certify that N (this hospital) attends saw the deceased alive on 22a. SIGNATURE	ond that a	leoth occurred of JPM, from the MED. M.D. PHYS. MED. DIRECTOR	ne causes and on the	7 that (I) (we) last date stoted obove. 22b. DATE AGNEO
	22c. PHYSICIAN'S NAME (Type) DANIEL V. LIA	denstruth	22d. ADDRESS 7501 YOVK	Rd.	
23a.	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1/21/1967	23c. NAME OF CEMETERY O		on (City, town, or county)	(Slote)
24. F	FUNERAL DIRECTOR'S SIGNATURE Wm 1. Inhout 1	ADDRESS 1300	25a. REC'D BY REGISTRA	Marie Control of the	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00288 CERTIFICATE OF DEATH 00290 funeral s 1 ond ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Baltimore filled in by the fun popers. Pages 1 hin 72 hours after (Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) Relav Re1av d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled 406 Gun Road 406 Gun Road YES NO X NAME OF 4 DATE corbon Lost Year DECEASED WILLIAM D. GILL HEDEMAN January 31 67 (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Hours any Male White WIDOWED DIVORCED 1 - 12 - 1882physicion and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? A. during most of working life, even if retired) INDUSTRY Baltimore, Maryland Retired Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Hedeman Mary the ottending F WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 705-05-7795 Mrs. Nettie M. Hedeman, 406 Gun Road . CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO signed t Conditions, if ony, which gove rise to immediate couse (a), **DUF TO** stoting the underlying couse certificate hos been the Heolth prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION YES NO 0 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) hospital OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) While ot work be retained by . 19 (hot (I) (we) las 21. I certify that (I) (this hospital) attended the deceased from. TO FUNERAL DIRECTOR: saw the deceosed olive on 200 1967, and that death occurred of 3.30 M, from causes and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. r, poge be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Bruce Brumbaugh 5609 Main Street, Elkridge, Maryland director, should b 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 2-2-1967 Loudon Park Cemetery 3801 Frederick Ave. Balto.M 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR **ADDRESS** 25b. REGISTRAR'S SIGNATURE

21229

Howard H. Hubbard, 4107 Wilkens Avenue

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

08290 OTHER WINDS OF PARTIES hat fine time and the first and the first and the first and

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00289 executed within 24 hours after death deoth ottending physician and campletely filled in by the funeral permit. Then please remove carbon popers. Pages I and an ar removol, and in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Sparrows Point
d. STREET ADDRESS 10vr7mth23dvs Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? STATE HOSPITAL 2112 Oak Road SPRT NG GROVE YES NO T 3 NAME OF First Middle Last 4 DATE Year Day DECEASED Saimi Heikkila 19 67 Janu arv (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS S SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Dovs Hours March 22, 1893 white female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT reaujres that the death certificate be COUNTRY? during most af warking life, even if retired)
hou sewife INDUSTRY Finland Finland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Samuel Setala Elizabeth 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates af service) Records: SPRING GROVE STATE HOSPITAL INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I, DEATH WAS CAUSED BY: ONSET AND DEATH buriol-tronsit IMMEDIATE CAUSE (0) Myocardial Infarction, acute Conditions, if ony, which gove (b) Arteriosclerotic cardiovascular heart Dis rise to immediate cause (a), DUE TO stating the underlying cause be retained by the haspital ar attending Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the (c) Arteriosclerosis, Generalized PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Combined mitral stenosis and insufficiency & Pul. Fibrosis YES ā 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While 21. I certify that (*) (this haspital) attended the deceased fram May 21; saw the deceased alive an Jan. 17 19 67, and that death accurred to ta Jan. 17, 1967, that (1) (we) last M, fram causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING £ 1-17-67 84.D. DIRECTOR PHYS. 22d. ADDRESS SPRING GRO W STATE HOSPITAL 22c. PHYSICIANS Young, NAME (Type) M.D. Anthony Baltimore, Maryland 21228 directar, p 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) eveland, Uhio. remation 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Home. (leveland, Ohio. VR A15 (4) 1967 tuneral 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTICICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

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58		PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where deced			before odmi:	ssion)
r e		o. COUNTY	-7 4-2		MARYLAN	o. STATE		b. COU			1
+		h CITY OR TOWN (altimore If autside carparate limit	ls.	c. LENGTH OF STAY IN 16	C CITY OR TOWN	ryland	ate limits, write RL	IRAL and give no	earest tawn)	
		write RURAL one	give nearest town)	13,	C. ELITOTIT OF STATE IN TE	C. Citt all Idill	(II doiside taipai	are mins, wine ite	Note dita give in	20	11
			timore			Baltim				3//	CIDCHES
7		d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospitol, g	live street oddress)	d. STREET ADDRESS	2			e. 15 KE	SIDENCE FARM?
3		St	Josephs	Hospita		351.7 D	enison	R4 21 2	15	YES	NO 🗌
		NAME OF		irst	Middle	Lost	4. DATE	Mon	ıth	Doy	Year / ~
		DECEASED (Type or print)	Ed	ward	Α.	HEIL	OF DEATH	January	8	1	56
	S.		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER 1 YE	EAR IF UNI	DER 24 HRS.
		male	white	WIDOWED	_	December	28 7 804	last birthdoy)	Months D	oys Hour	s Min.
	10.		(Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (C		yrs.	12 CITIZE	N OF WHAT	
	dur	ing most of working	lite, even if retired)	1N	DUSTRY			oreign coontry)	COUNT	TRY?	
		Retired		Tea	Blender	Baltim			USA	A	
	13.	FATHER'S NAME				14. MOTHER'S MAI					
		Philip 1	Heil			Unknow	n				
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO	87 INFORMANT		Addr	ress		5 20
	(Ye	s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes WW 1	of service)	OCIAL SECURITY NO DX 215-05-6 ES	Margaret W	Aller F	Teil - 35	17 Deni	son F	Rd.
			EATH (Enter only one ca			war gar co w	CIICI I.			INTERVAL	
			TH WAS CAUSED BY:	Loby	lar pneumon	in invaluin			- 7	ONSET AND	
1	3	491	IMMEDIATE CAUSE	(0)	r lobes.	TE THAOTATH	S LIGHT	and leit			
٦		6 - 100 10									
		Conditions, if ony rise to immediat	0 (0) 021101	(b) 3.37 (e)	A Store	ma a coloniam a man	A 32,				
		stoting the unde		10					WASSEL		
		last.)	(c)							
,	7	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(o)		19. WAS A	UTOPSY RMED?
/	10	Arteri	osclerotic	heart (disease: Ast	hma				YES X	NO 🗍
	CERTIFICATION	2Do. ACCIDENT WA		205. DE	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of inju	ry in Port I or Po	ort 11 of item 1B.)			
	H	OR CONTRIBUTING	CAUSE OF DEATH								
	AL (, , , , , , , , , , , , , , , , , , , ,	MEDICAL EXAMINER) JRY Month, Doy, Yeor	204 11	NJURY OCCURRED 2De	e. PLACE OF INJURY (Home	form. 20f.	(City or town)	· (Count	v)	(Stote)
	MEDICAL	Hour o.	n.	While	Not While	foctory, street, office bldg		(ent or total)	(200	17	(5.0.0)
	~	p.r	n. 19	ot worl	Not While of work	The particle bases of	10.57	Januani	2 8 .67	1 . (1)	
		21. I certi	fy that (1) (this ho	spital) atten-	ded the deceased fra	m candary /	1, 30 1/2	to vallual	90,197	_, that (I)) (we) la
			eceased alive an	anuary	19 <u>07,</u> and	that death accurre	d at== 42	M, tram causes			ted abav
		22a. SIGNATURE				ATTENDING r	MED.	STAFF C	7 17878	SIGNED	
			Em ~	an'		M.D. PHYS. L	DIRECTOR	LJ PHYS. L] =/0/0		
,		22c. PHYSICIAN'S	T	77 27		22d. ADDRESS					
		NAME (Type	Lawrence	F. M. sa	anik, M.D.	7620 Y	ork Road	i, Towson	, Md.	21204	
	230	. BURIAL, CREMATI	ON, 23b. DATE TH	HEREOF	23c. NAME OF CEMETER			OCATION (City or T		ounty)	(Stote)
1		Burial Specify	1-10-	67	Druid Rid	ge Cemeter	v Ba	ltimore,	Maryla	and	
1	-	I. FUNERAL DIRECTO			ADDRESS	250.		TRAR 19675b. R			100
A	C	1/1/		0 = 11	. ** 1.4 A		JAN 9	196/	1/ mente	The Day	7

DATE

4600 Liberty Hghts. Avenue

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M	- Diversi	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M 00291 CERTIFICATE OF DEATH	OD293								
#	1.	PLACE OF DEATH •. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution, Response to the county but the coun	е								
nt, within 72 hours after deals		b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Owings Mills c. LENGTH OF STAY IN 1b Owings Mills c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Owings Mills	13.1								
00		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 31 Pleasant Hill Road 31 Pleasant Hill Road	IS RESIDENCE ON A FARM? YES NO								
	3.		Dey Yeer 21, 1967								
		wilde widowed Divorced Nov. 23, 1921 45 yrs.	YEAR IF UNDER 24 HRS. Hours Min,								
	de	Fermer Poultry Farm Glyndon, Belto.Co., Md. U	S.A.								
	13	Eli Russler Hewitt Sarah M. Cox									
		Yes WW IT 218-14-0614 Mrs. Georgia W. Hewitt Owing: 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH								
		Conditions, if eny, which gave rise to immediate cause (e). Adeno-carcinoma of small intestine (e), stelling the underlying cause last.	lyr. est.								
2	CERTIFICATION	ATION	ATION	ATION	ATION	ATION	ATION	ATION	ATION	(c)	I(e) 19. WAS AUTOPSY PERFORMED? YES NO
		none									
	MEDICAL	20c. TIME OF INJURY Month, Dey, Year Hour a.m. Not While at work at work 19 at work 19 Account Month 19 Acco	ly) (Stete)								
		21. I certify that (I) (INKANNAI) attended the deceased from 6-24-38, 19, to 1-21-67, 19, saw the deceased alive on 1-20-67, and that death occurred at 8	date stated above.								
		22e. SIGNATURE D. D. Caplas M.D. ATTENDING MED. DIRECTOR DIRECTO	22b. DATE SIGNED 1-23-67								
1	-	NAME (Type) D. D. Caples, M. D. 6 Hanover Rd., Reisterstown, 3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)									
B		Burial 1/24/67 Evergreen Mem. Gardens Finksburg. Ma	ryland								
62	-	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE JAN 2 4 1967 ADDRESS	res 2								

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00295 HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Page af 3 ta death. delay OWN (If ourside corporate limits c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give negrest town) and write RURAL and give nearest town) after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Office alang with farm haurs in Item 18. Give Pages ote YES | NO 24 haurs after death. NAME OF Middle DATE Month 72 Lost Doy DECEASED the within DEATH with S. SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS last birthday) Months Days Hours WIDOWED DIVORCED event and 2 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pages I INNER 13. FATHER'S NAME within 14. MOTHER'S File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address be executed rd pending Chief Medical permit. (Yes, no. or unknown) (If yes give wor or dotes of service) remaval, 21309 ADDRES CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH O.F. 10 C IMMEDIATE CAUSE (o) This certificate should writing the ward crematian, DUE TO farwarded ta the Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse 0 ds burial, lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? the certificate, 0 YES NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) designated ogent, priar 3 shauld PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection \ Inquiry X ond in my opinion the funeral directar. deoth resulted from: Noturol couses Accident Suicide Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health (Address (Street, city, town, or county) REDER NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 REMOVAL (Specify) SURIAL 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR limiles VR A15ME (5 1616INBUTHON

MARYLAND STATE DEPARTMENT OF HEALTH

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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00296
1	PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE MARYLAND b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Towson C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A HALLIMOR E 30.4
0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) CREATER 13ALTIMORE MEDICAL CENTER 814 E. 33 STREET VES NO NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO NO
3	DECEASED (Type or print) JOHN E HOGBERG DEATH JAN 30 1967
1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1. AST DESCRIPTION OF STREET OF STREET OF STREET OF STREET OF BIRTH 1. AST DESCRIPTION OF STREET OF STREE
	Oa. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) Carpenter Oa. USUAL OCCUPATION (Give kind of work done in Dib. KIND OF BUSINESS OR INDUSTRY Sweden 1 Contractor 11. BIRTHPLACE (County & State, or foreign country) Sweden 1 Contractor U. S. A.
	3. FATHER'S NAME 3. OHN P. HOGBERG 14. MOTHER'S MAIDEN NAME ?
(15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) //O-/2-/5/17 Mr. John Hagenbucher 1505 Lakeside Ave.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While
	21. I certify that (I) (this hospital) attended the deceased from 1-2/, 1967, to 1-30, 1967, that (I) (we) las saw the deceased alive on 1-30 1967, and that death occurred at 3.15 A.M., from the causes and on the date stated above 22a. SIGNATURE Levely
	22c. PHYSICIAN'S EVELYN L. RAMOS, M.D. CREATER BALTIMORE MEDICAL CENTER
	Burial, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 2/3/1967 Immanuel Cemetery Baltimore, Maryland Appress, Public Pal 1 (State) Baltimore, Maryland Baltimo
2	Um fo Tickner sons north spa, DATEEB 2 1967 former June

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00295 CERTIFICATE OF DEATH 00297 campletely filled in by the funeral nave carban papers. Pages 1 and 2 is event, within 72 hours after death; requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) g. COUNTY o. STATE h COLINTY BALTIMORE MARYIAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)

FORT HOWARD c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 74 DAYS BATTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO T VETERANS ADMINISTRATION HOSPITAL 1701 NORTH FULTON AVENUE YES NAME OF DECEASED Middle 4. DATE First Last Month Day Year 1967 JANUARY PHTT.TP HOLLAND DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED remave birthday) Months Hours Days MALE NEGRO JULY 6, 1896 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

JANLTOR 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? please CATONSVILLE, MARYLAND 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME the attending phys EDWARD HOLLAND CARRIE WOODLAND 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPETAL (Yes, no, or unknown) (If yes give war ar dotes of service) 214 26 94 88 CLINICAL RECORDS FORT HOWARD, MARYLAND INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
THEFT STIRPH signed by the burial-transit CHECHEN PLATH LEFT SUBPHRENIC ABSCESS IMMEDIATE CAUSE (o) DUF TO GASTRIC ULCER WITH PERFORATION RECENT Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? far use Health CEREBRAL THROMBOSIS, OLD NO be retained by the hospital ar 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) Hour a.m. Nat While factory, street, affice bldg., etc.) at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram OCT 25 , 19 66, ta JAN 7 , 1967, that (1) (we) last 19 67, and that death accurred at 1145PM, fram causes and an the date stated above saw the deceased alive an JAN 7 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. 1/9/67 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN GEORGE DUDAS, M. D. directar, po should be f NAME (Type) VAH FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMEY TLASTecify) BALTIMORE NATIONAL BALTIMORE, MARYLAND 2Sa. REC'D BY REGISTRAR HAYES FUNERAL HOME 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles VR A15 (4)

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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REALTH DEPT.	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
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Certi certi uld b S. S. snate	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
the ce shoul files.	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
execute the Page 4 for your AL DIRECT	ACTUAL SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER (DATE SIGNED
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o DEPUTY please ey director. retained of FUNERA of Health	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where becased lived, If Institution: Residence before edmission) b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) JACHMURE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4201 WESTITIEW YES NO \$ NAME OF Year DECEASED DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED V 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retirad) 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgivawer or dates of service) 1B. CAUSE OF DEATH [Entar only ona cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if eny, which (b) gava rise to immadieta cause DUE TO (a), stating the undarlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 98 PERFORMED? NO YES 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 1B.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (Stata) (County) 2Dc. TIME OF INJURY Month, Day, Year factory, street, offica bldg., etc.) While Not While Hour e.m. et work et work hospital) attended the deceased from19.67, and that death occurred at 1.56%, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stata) REMOVAL (Spacify) BIRDSBORO, PA 0 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61

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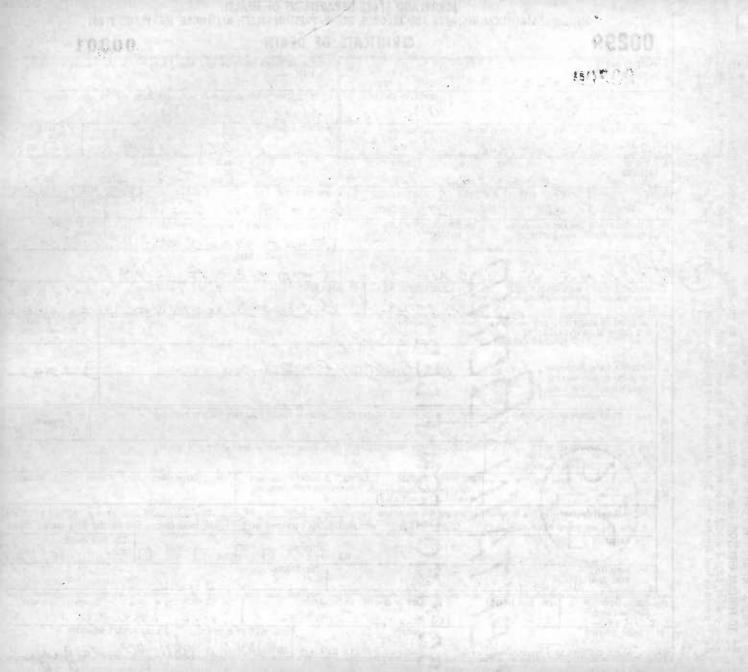
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ANAL (CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or	county) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 tem OF DEATH CERTIFICATE 00300 00302 The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and nation, or remove, and in any event, within 72 haurs after deci-PLACE OF DEATH a. COUNTY b. COUNTY a. STATE BALTIMORE MARYTAND MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 106 DAYS BALTTMORE FORT HOWARD e. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1038 COOKS LANE VETERANS ADMINISTRATION HOSPITAL YES NO K 3 NAME OF First Last 4 DATE Year (D Day DECEASED PERCY E. HOWARD JANUARY. 19 66 DEATH (Type or print) IF UNDER 24 HRS S SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED birthday) Months Days Haurs 1890 FEBRUARY DIVORCED WIDOWED MALE WHITE 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY CALVERT COUNTY. MARYLAND U.S.A. STOCK CLERK KOPPERS COMPANY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELIA E. SHERBERT JOHN W. HOWARD 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. 219 10 15 YES INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00301 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00304 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY COUNTY Baltimore Maryland County Baltimore MARYLAND sessary, funeral Department after death. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) тау North Point Area Dundalk the d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 5 e. IS RESIDENCE ON A FARM? ay 3 to Page State hours Baltimore St. Baltimore St. 7901 E. NO X YES 2, and PM3. 3. NAME OF First Middle DATE Month Year Last the 72 DECEASED Clara M_ Hubbard 19 67 (Type or print) DEATH Jan 2 with within after death. If a S. Give Pages 1, 2 ong with form P 6. COLOR OR RACE | 7. MARRIEO NEVER MARRIEO 5. SFX AGE (In years | IF UNCER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH last birthday) | Months | Days Hours | Female Caucasian May 23, 1907 59 WIDOWED A DIVORCED YTS. and 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INOUSTRY COUNTRY? 24 hours after in Item 18. Giv Office along Housewife At Home Baltimore, Md. USA 13. FATHER'S NAME MOTHER'S MAIDEN NAME Henry Rohleder in he. Tillian Bechers File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, Melvin P. Hubbard 7901 Baltimore St. certificate should be executed within iting the word "pending" in pencil is led to the Chief Medical Examiner's No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit or cremation, DUE TO Conditions, If eny, which (b) gave rise to immediate **OUE TO** cause (a), stating the 9 underlying cause lest. used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY CERTIFICATION PERFORMEO? YES NO X the certificate, writing t 208. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. o de DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) should lent, pri 3 shou MEDICAL 20e. PLACE OF INJURY (Home, farm, (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour e.m. While Not While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion DIRECTOR: Undetermined manner death resulted from: Natural causes Suicide Homlcide Accident CHIEF MEDICAL EXAMINER 4 for your execute . Page 4 ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR 9 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** director. retained Melvin B. Davis Mi Caddres Listreet Lepy rown or county) Dundalk Md. -NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, DATE THEREOF (State) 1/24/67 Baltimore. Cemetery Baltimore, Md. ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 186 1800 E. Lombard St. Bro's. Inc. Dippel

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00302 CERTIFICATE OF DEATH 00305 be executed within 24 haurs after death death completely filled in by the funeral ove carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND event, within 72 haurs after IMOR c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street dddress) d. STREET ADDRESS YES NO X 3. /NAME OF please remove carban Middle 4. DATE Month Year DECEASED 6 19 DEATH (Type or print) IF UNDER YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthdoy) Months Doys Hours and in any WIDOWED (DIVORCED KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10b. 10o. USUAL OCCUPATION (Give kind of work,done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** the attending physician sit permit. Then please requires that the death certificate 101116 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) (If yes give wor or dotes of service) crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) physician. DUE TO signed 1 burial Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be retained by the hospital or attending as the has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of far use NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20f. (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) While Not While 19 ot work ot work 76 . 196/, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram April 1949 to Jan. 19 67, and that death accurred at 10 450M, fram causes and an the date stated above saw the deceased alive an Jan. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. directar, page 3 shauld be filed v M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN TO HOSPITAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION MD. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE JA

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00308 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 107 Maiden Choice Lane 107 Maiden Choice Lane YES NAME OF First 4. DATE Month Year DECEASED CHARLES D. IRWIN January 17, 67 19 (Type or print) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED ost birthdoy) Months Male White 6-6-1898 WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired)

Retired Dock Hand INDUSTRY Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth Lewe William Irwin IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address Lane 215-09-4561A Mrs. Elizabeth O. Irwin, 107 Maiden Choice No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? NO 20b, DESCRIBE HOW RAURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) Hour o.m foctory, street, office bldg., etc.) Not While 1967, that (1) (we) las 21. I certify that (1) (this haspital) attended the deceased fram, saw the deceased alive an Jan / 19 67, and that death accurred at 2.55 P. M. Gram causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR M.D. 22c. PHYSICIAN'S NAME (Type) Dr. Robert B. Taylor 111 Columbia Road, Ellicott City, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County)

Loudon Park Cemetery

ADDRESS

1-21-1967

Howard H, Hubbard, 4107 Wilkens Avenue

Baltimore, Maryland

TO FUNERAL DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY h COUNTY ges 1 after Baltimore after the Maryland Baltimore MARY! AND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pag oon papers. Pag within 72 hours Sparrows Point Sparrows Point vrs. = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? Street NOK Street YES completely carbon 3. NAME OF First Middle Last DATE Month Day Year DECEASED event, LOLA (Type or print) MACLEARY ISENNOCK DEATH January 1967 executed 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. emove NEVER MARRIED last birthday) | Months | Days Hours and any Female Caucasian WIDOWED X DIVORCED March 90 physician and in valued in 三 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Housewife Maryland USA certificate attending physical removal. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Nelson McCleary Martha Gil 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) | (If yes give war or dates of service) transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address death No Bertha in 2 Adams 23 above the INTERVAL BETWEEN in signed by the burial-transit is burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which this certificate has been letached for use as the b gave rise to immediate DUE TO cause (a), stating as th underlying cause last, (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO X DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) be de State I factory, street, office bldg., etc.) Hour a.m. FUNERAL DIRECTOR: After irector, page 3 should be dould be filed with the State While Not While be retained by at work at work OR ATTENDING 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a SIGNATURE 22b. DATE SIGNED ATTENDING page filed M.D. PHYS. DIRECTOR PHYS. Page 4 may 12201 PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 20 (State) BURIAL, CREMATION, NAME OF CEMETERY OR ORDINAT LOCATION (City, town or county) 23b. DATE THEREOF REMOVAL (Specify) 2 Monkton, Balto.Co., Md 0 Clynmalira Buria REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS Bradley. Dundalk. prooks 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00306 OF DEATH CERTIFICATE 00309 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Baltimore Md. cian ond completely filled in by the fur lease remove corbon popers. Poges 1, ond in ony event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RUFA) and give neorest town) c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN- 1b 3 Months. Lutherville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM?# 220 Division Ave. Towson Conv. Home NO 3. NAME OF 4 DATE Middle Last Year DECEASED Pau1 James 17,1967 (Type or print) Jan. 19 DEATH IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED (ast birthdoy) Hours 6-10-1880 Cauc. WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of painglife, ever (etired) SCO INDIN TRE Baltimore. Md. COUNTRY? A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, Hannah/Thiel/ Anna Thiele Charles James 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 220 Dimision Ave. 16. SOCIAL SECURITY NO. 17. INFORMANT 214 01 3415 Mrs. A.H.Gilpin, Luthervillem Md. 21093 the offen 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Acute myocardial infarction Page 4 moy be retoined by the hospital or ottending physicion. signed by Arteriosclerotic cardiovascular disease Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse os the has been lost. use os 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Heolth p NO X After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. foctory, street, office bldg., etc.) 21. I certify that (I) (this hospital) ottended the deceased fram December to Jan. 17, 1967, that (1) (we) last of P M, from causes and an the date stated abave. saw the deceased glive on Jan. 16. 1967, and that death occurred of TO FUNERAL DIRECTOR: 220. SIGNATURE -**ATTENDING** M.D. be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Llova Sayl 3902 Greenmount Avenue 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Woodlawn, Baltimore, Md Lorraine Entombment 24. FUNERAL DIRECTOR WM. Cook-Brooks Towson, Towson, Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	th t	saw the deceased alive pn 1 - 2 8 19 67, and that death occurred at 11 4 9 M, from the causes and on the date stated above			
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	TO HOSPITAL OR ATTENDING Page 4 may be retained to FUNERAL DIRECTOR: A director, page 3 should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)			
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Mount wilson State Hospital

To W. Macorda, Mt. Wilson State Maspital

Wm. Workcomen, N.D., Super intendent ... Norms Wilson, Meryland

Surial Feb 1,1967 Moreland Memorial Park Taylor Ave, Ma

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MARYLAND STATE DEPARTMENT OF HEALTH

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OR ATTENDING PHYSICIAN: be retained by the hospital INRECTOR: After this certifi je 3 should be detached fo ed with the State Dept. of H	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County factory, street, office bldg., etc.) 20f. (City or town) 20f. (City or to	(State)
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OR AT OR AT DIRECT	22a. SIGNATURE 22b. OATE M.D. ATTENDING MED. STAFF 1. / /	
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VR A15 (4) (2) 1/65	Chas. F. EVANS FLOR 8802 HARTON Registrar 250. REGISTRAR'S S	rles Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00310 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. and 2 g physician and campletely filled in by the funeral Then please remave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND BALTIMORE MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) FORT HOWARD 6 DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8621 WOODSPRING ROAD VETERANS ADMINISTRATION HOSPITAL NO X 3. NAME OF Middle 4. DATE First Last Manth Year DECEASED ALBERT HERBERT KATZ JANUARY 24 67 (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED XX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. **NEVER MARRIED** Jast birthday) MALE WHITE WIDOWED DIVORCED JUNE 23, 1914 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, or fareign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? MEDICINE DUBOIS, PENNA U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARCUS KATZ JENNY SHULMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL (Yes, na, ar unknown) (If yes give war ar dates af service) 212 32 84 81 CLINICAL RECORDS FORT HOWARD, MARYLAND 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: PNEUMONIA, BILATERAL OKSET MAY SATH IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if ony, which gave ENDOCARDITIS, ACUTE rise to immediate cause (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) MULTIPLE SCLEROSIS NO be retained by the haspital ar JD. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Manth, Day, Yeor (County) Haur a.m. factory, street, affice bldg., etc.) Nat While at work 21. I certify that (V) (this haspital) attended the deceased fram JAN. 18, 19 67, to JAN. 24, 19 67, that (V) (we) last saw the deceased alive on JAN. 21, 19 67, and that death accurred at 925PM, fram causes and an the date stated above. should 22a. SIGNATURE 22b. DATE SIGNED 1/25/67 **ATTENDING** STAFF wan DIRECTOR M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S PETER V. JUVAN, M. D. NAME (Type) VAH FORT HOWARD, MARYLAND 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) VINDSOR MILL RD. BALTO. MD. 1/26/67 BETH TFILOH CEMETERY BURIAL 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY 256 REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 SOL LEVENSON & BROTHERS BALTIMORE, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30311 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH
o. COUNTY 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY delay is ond 3 to MARYLAND pages 1 and 2 with the Stote Department b. CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 outside corporote limits, write RURAL and give nearest town) PM3. write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE er's Office olong with form ON A FARM? in Item 18. Give Pages YES NO This certificate should be executed within 24 hours ofter death. 3. NAME OF Middle last DATE Dov Year OF DEATH DECEASED 196 (Type or print) IF UNDER 1 YEAR S. SEX OF BIRTH AGE (In years last birthdoy) IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Davs Hours 72 hours after deoth. WIDOWED DIVORCED 10b. KIND OF BUSINESS OR (State or foreign country 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even il retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File 17. INFORMAN IS WAS DECEASED EVER IN U.S. ARMED FORCES permit. I (Yes, no aprainknown) (If yes give wor or dotes of service) "pending" please execute the certificate, writing the word "pending" I directar. Page 4 should be forworded to the Chief Medical any event within 18. CAUSE OF DEATH (Enter only one couse per line for (b), (b), ond (c).)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00312 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) BALTIMORE O. STATE MIDRYLAN i) b. COUNTY Je and 3 to M3. Page death. MARVIAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN_16 CATONS VLLL 18 after COLLEGE _d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS, IS RESIDENC farm hours (5016 LAKELAN Give Poges 1, ON A FARM? SPRING GROUE STATE HOSP NO DATE Year KINARI within 72 DECEASED (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HR 6. COLOR OR RACE NEVER MARRIED Months Haurs DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR He ar foreign cour during most of working life, even if retired) **INDUSTRY** .⊆ Examiner's 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME be executed within 2 ABRA45 pup = 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give wor or dotes of service) pending avol OHART 251-07-9995 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: HRTERIO SCLEROTIC VASCULAR ONSET AND DEATH OF IMMEDIATE CAUSE (a) e, writing the ward farwarded ta the Ch DIZEASE This certificate stauld crematian, DUE TO 2 MONTH 10 WRIMPRY TRACT INFECTION Canditions, if any, which gave rise to immediate cause (a). ULCER JNFECTED DECUBITU stating the underlying cause LEFT FEHUR burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.) agent, prior 3 should PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, form, (City or tawn) (County) (State) foctory, street, affice bldg. etc.) Nat While may be retained tar yaur FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion Notural couses Accident deoth resulted from: Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER ELKASAI'TI'S NAME (Type) Health Address (Street, city, tawn, ar caunty) 230. BURIAL REMATION. 23d_ LOCATION (City or Town) (State) 50 REMOVAL (Specify) 24. SUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5)



STALE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY COUNT necessary, ector. Page of for your files. MARYLAND Department b. CITYOUR TOWN outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b director. S INSTITUTION (if not In hospital, give street, . IS RESIDENCE ON A SARM? State affer retained the funer YES NO NAME OF Middla 4. DATE DECEASED OF DTYS he (Type or print) DEATH 5. SEX 9. AGE In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) female Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Virginia U.S.A. 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyes give war or detes of service) with 18. CAUSE OF DEATH [Enter only one cause per line for (b), (b), and (c). INTERVAL BETWEEN along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) in pencil Office DUE TO ö Conditions, if eny, which cremation, geve rise to immediate cause Ø Examiner's DUE TO (e), stating the underlying as cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS) CERTIFICATION burial, PERFORMED? Word Medical NO T pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of Item 18.) 9 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. prior writing Chief 3 MEDICAL Page 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While While agent, Hour a.m. forwarded to the at work al work the certificate, p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion EDICAL designated Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL lease execute should be for FUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 6 EXAMINER'S NAME (Type) TO FL. Health Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stete) REMOVAL (Specify) Lincoln Crematory Prince Georges County, Md. cremation 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS s_CCompany Washington, Hines VR AISME SM 1/63

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24 hours	filled Sapers, In 72 h		not in nospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
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executed within	nding physician and completely filled i Then please remove carbon papers. removal, and in any event, within 72 h	DECEASED (Type or print) Mabel	J. Kinsey	DF DEATH	January 14, 1967
rted	com ve c ever	F 057		DATE OF BIRTH 19.	AGE (In years I IF UNDER 1 YEAR I FUNDER 24 HRS
xecn	and any			ecember 10, 1885 8	ast birthday) Months Days Hours Min.
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TTE	sh ti	saw the deceased alive on	20 1967, and that	death occurred at M. from	the causes and on the date stated above
OR ATTENDING	Se 3 ed w	22a. SIGNATURE	own The M.D.	ATTENDING MED. PHYS. DIRECTOR	STAFF DHYS. DATE SIGNED
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TO H	dire short	23a. BURIAL, CREMATION, 23b. DATE THER BURIAL (Specify) Jan. 17,	1967 Neadowridge Ne	. 1 / (11)	ATION (City, town or county) (State) doe, Maryland
	no	24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGIST	8-1
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PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. This certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please e Dept. of Health prior to burial, cremation, or removal, and in	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] Pulmonale Pulmonale DUE TO DUE TO Underlying cause last. (c)	INTERVAL BETWEEN ONSET AND DEATH
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TO HOSPITA Page 4 m TO FUNERAL director, F	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or country BURIAL (Specify) 1/17/47 WEST NOTTING ATAM COLORA CE	CIL, MD
VR A15 (4) 20M 1/65	24. FUNERAL DIRECTOR RALPH'M. REEDADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR	s signature vlas Judge

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1.1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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e funéral	1. PLACE OF DEATH a. COUNTY OVERSALE IMORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY COUNTY OVERSALE MARYLAND
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filler 72	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, grow street address) 4 8 Sudbroak dane 6. IS RESIDENCE ON A FARM? 74 8 Sudbroak dane 9 yes \(\sum_{NO} \s
be executed within cian and completely asse remove carbon and in any event, with	3. NAME OF DECEASED (Type or print) Edward Klaswan 4. DATE Month Day Year 1967
xecuted and con emove any eve	Male Golor of Race 7. Married Never Married Divorced Divorced Divorced Divorced Service Wildows Min.
cić sas	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. SIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. SIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
certificat Iding phy Then p	13. FATHER'S NAME Klasman 14. MOTHER'S MAIDEN NAME
eath certling attending lermit. Then	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or Ankown) (If yes give war or dates of service) 2/3-36-2040 Edna Klasmon - 548 Ludbrook
ATTENDING PHYSICIAN: The law requires that the death certificate retained by the hospital or attending physician. CONTROL After this certificate has been signed by the attending physician. Should be detached for use as the burial-transit permit. There ple is should be detached for use as the burial-transit permit. There ple with the State Dept. of Health prior to burial, cremation, or removal, and the state Dept.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Audio Reprint Toules INTERVAL BETWEEN ONSET AND DEATH
law requires that tattending physician. a has been signed by se as the burial-tranth prior to burial, creating the prior to burial, creating the prior to burial, or the prio	Conditions, If any, which gave rise to immediate cause (a) stating the DUE TO DUE TO DUE TO DUE TO Conditions, If any, which gave rise to immediate cause (a) stating the DUE TO DUE TO
law requi	underlying cause last. (c)
The icate or use lealth	S NO □
PHYSICIAN: The law the hospital or atten this certificate as detached for use as e Dept. of Health pric	
oing PHYSICIAN: The I d by the hospital or at After this certificate if d be detached for use s State Dept. of Health	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Factory, Street, office bldg., etc.) While at work Not While at work 19 hour a.m.
OR ATTENDII be retained JIRECTOR: Ai ge 3 should ed with the S	21. I certify that (I) (this hospital) attended the deceased from 1000 30, 19 43 to 7, 1967, that (I) (we) last saw the deceased alive on 1967, and that death occurred at 3000, from the causes and on the date stated above.
OR OR Be	220. SIGNATURE Luclard Cefference M.D. ATTENDING MED. STAFF 1/5/6
O HOSPITAL OR ATTENDIN Page 4 may be retained to FUNERAL DIRECTOR: Afficient, page 3 should be should be filed with the Si	22c. PHYSICIAN'S NAME (Type) Willord Copplefeld 5307 Dail Height 123c NAME (Type) 123c NAME OF CEMETERY OF CREMATORY 123d LOCATION (City, town or county) 2 (State)
TO H Page sho	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 24. FUNERAL DIRECTOR 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	Sol Jennon 9 / Lin - 600 Rectaulour DATE JAN 13 1967 John Judge

and the second 550 Pa-11 Hughts Av

3 01 COO _____ CO

1 (1)	MAI DIVISION OF STATISTICAL RES	RYLAND STATE DEPARTMENT OF HEALTH BEARCH AND RECORDS, 301 W. PRESTON STREET, BAI	LTIMORE 1. MARYLAND
- ENE	00317	CERTIFICATE OF DEATH	00320
24 hours after death. filled in by the funeral apers. Pages 1 and 2 apers. A n 72 hours after death.	1. PLACE OF DEATH a. 60 UNIX A HOMELET AND A STEELING	2. USUAL RESIDENCE (Where deceased live a STATE WALLAND MARYLAND	ed, If institution: Residence before admission) b. COUNTY
icate be executed within 24 hours after physician and completely filled in by the fin please remove carbon papers. Pages 1 val, and in any event, within 72 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAN and give nearest town)	c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate II	mits, write RURAL and give nearest town
	Milford Marc New Mercal New Milford March New Mercal Ne	n hospital, give street address) d. STREET ADDRESS Swylfame 2001 Chelsea	e. IS RESIDENCE ON A FARM? VES NO
l within npletely carbon ont, with	3. NAME OF First DECEASED (Type or print) Lend	Middle, Cleman 4. DATE OF DEATH J	Month Day Year 1967
certificate be executed within nding physician and completely . Then please remove carbon premoval, and in any event, within	5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWS	ED DIVORCED Juline 8,1886 80	n years IFUNDER 1 YEAR IF UNDER 24 HRS. Irthday) Months Days Hours Min.
e be e sician lease r and in	during most of working life, even if retired)	KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign ADUSTY)	n country) 12. CITIZEN OF WHAT COUNTRY?
ing phy Then p	Chicken Bann	heiger Theresea?	
e death ce the attend it permit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, pronkown) (If yes give war or dates of service)	16. SOCIAL SECURITYNO. 17. INFORMANT INKNOUN MY Segi Klelman 6.	701 Maurleen Rd
ires that the death certifica physician. n signed by the attending ph burial-transit permit. Then burial, cremation, or removal	PART I. DEATH WAS CAUSED BY: JMMEDIATE CAUSE (a)	erebral Thrombosis	INTERVAL BETWEEN ONSET AND DEATH
OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the 3 should be detached for use as the burial-transit ed with the State Dept. of Health prior to burial, crema	Conditions, if any, which gave rise to immediate (b)	Orteriosolerosis	
CIAN: The law requir sopital or attending precrificate has been hed for use as the bett. To fleatth prior to be.	cause (a), stating the DUE TO underlying cause last.	AND THE PROPERTY OF THE PROPER	GIVEN IN PART 1(a) 119. WAS AUTOPSY
The last or at ficate hor use	ICATI	IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED? YES NO M
SICIAN hospita s certii ached f		DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or	
NG PHY by the fter thi be deti State Do	20c. TIME OF INJURY Month, Day, Year 20d Hour a.m. Wh at w	I. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)	, (Caralla)
TTENDI etained TOR: A should th the	21. I certify that (I) (this hospital) atters saw the deceased alive on	nded the deceased from 946, 19, to 6 197, and that death occurred a 77 M, from the	
NL OR A ay be ru noge 3 filed wi	22a. SIGNATURE	M.D. ATTENDING MED. STA	AFF DATE SIGNED YOU. 7, 1967
TO HOSPITAL OR ATTENDING PHYSICIAN: The It Page 4 may be retained by the hospital or at director, page 3 should be detached for use should be filed with the State Dept. of Health	22c. PHYSICIAN'S NAME (Type) HERBERT (TOLDSTONE M.D. 3643 Allergy	(State)
TO Padir Shirt	23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	7 Cherry Charles Cherry ADDRESS. 1 25a. REC'D BY REGISTRAN	allelaun Mid 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	lol Lennon a Bin-	-6010 Rest. Rd. DATE JAN 11 196	7 Jeliarles Judge

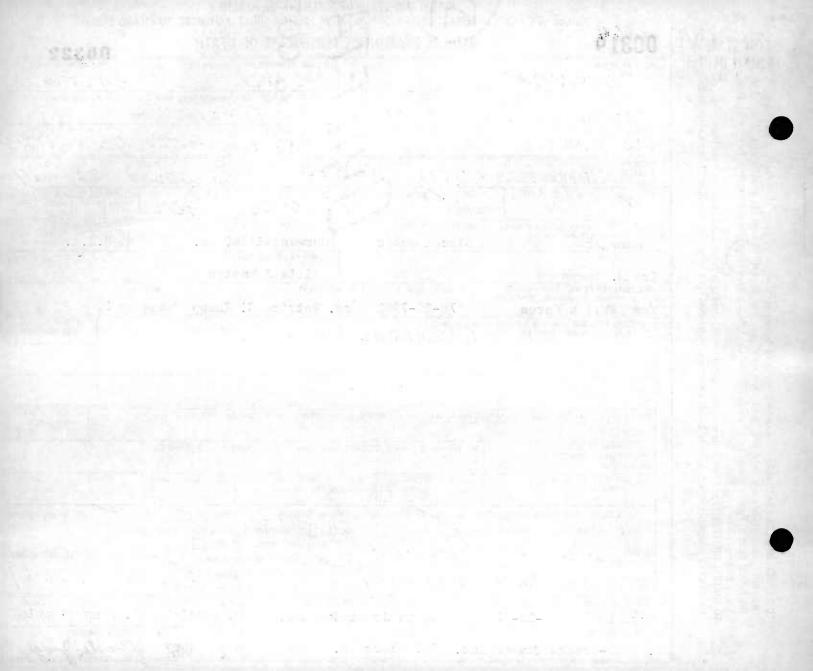
MARYLAND STATE DEPARTMENT OF HEALTH

~ A AND THE RESERVE TO THE RESERVE THE PARTY OF Designation of Fig. 19 and the State of the 2013/2 Fm. 100 If Lancount late of breeze the profit election is the consequence Sugar Calacter Strangers and Strangers and Strangers and the desired marries the secretary there are the secretary that we have L. West Suite . See See . See uetic des de la sur de la sur de la company de la comp

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00319 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ny delay is 2, and 3 ta PM3. Page 27-MORE of o death. MARYLAND Department c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest town after 6 years IMORE d, NAME OF HOSPITAL OR INSTITUTION (If not in bospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE Office alang with farm within 72 haurs ON A FARM? tem 18. Give Pages haurs after death. NAME OF 4. DATE Year DECEASED DEATH IF UNDER 1 YEAR F UNDER 24 HRS NEVER MARRIED Months pirthdoy) Dovs Hours WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Black&Decker pages 1 in any Curwensville, Pa. Manager 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Rilla Johnston E Ira M. Knepp and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address rd "pending" ir Chief Medical I permit. (Yes, no, or unknown) (If yes give wor or dotes of service) remaval, 178-20-7982 Mrs. Patrica C: Knepp same as 2D WW11 & Korea Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit INFARCTION ONSET AND DEATH ar IMMEDIATE CAUSE (o) writing the ward cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (o), **DUE TO** stoting the underlying couse burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO X please execute the certificate, 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) agent, prior PRIMARY Or CONTRIBUTING **EXAMINER:** CAUSE OF DEATH. (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) foctory, street, office bldg., etc.) may be retained for you. ot work designated Inspection 7 Inquiry 1 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion the funeral director. death resulted from: Suicide , Natural causes Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER 5 may be reta

TO FUNERAL DII

Health ar its d 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5 Address (Street, city, Jown & Tourist) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) Burial (Specify) Clearfield Co. Pennsylvania 1-25-67 Crown Crest Cametery 2Sb. REGISTRAR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 1050 York Rd. Wm. Cook-Brooks Towson Inc. 6M 1/66

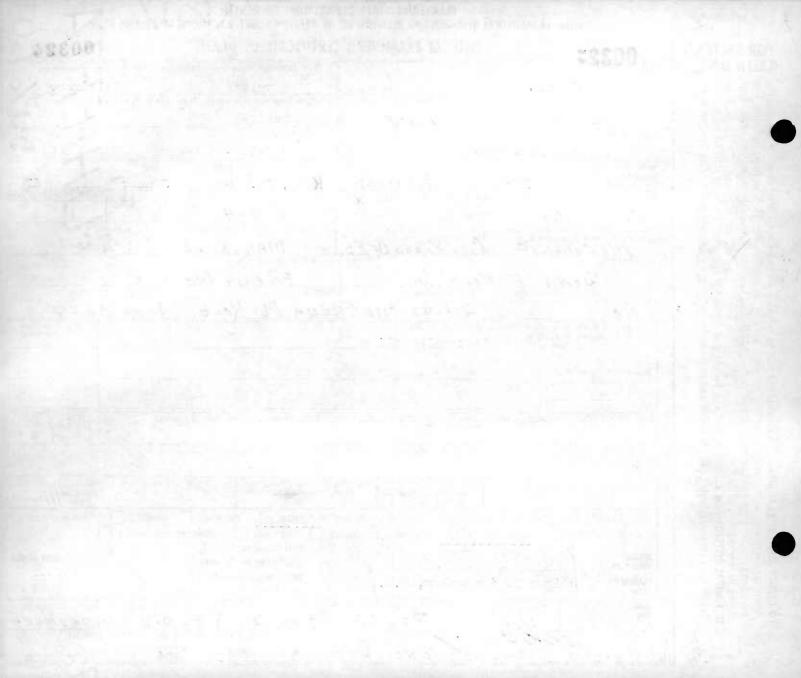


-	1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
	M		00320 CERTIFICATE OF DEATH	MARYLAND
	hours after death. d in by the funeral rs. Pages 1 and 2 2 hours after death.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: 8	
	a fur		a. COUNTY BALTIMORE MARYLAND MARYLAND MARYLAND BALT	
	rs after by the Pages 1 urs after		b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH CF STAY IN 1b C. CITY OR TOWN (if outside Corporate limits, write RURAL and give nearest town)	L and give nearest town)
	in b		BALTIMORE 3 CAUR. BALTIMORE, WHITE I	MARSHO3.1
0	filled papers, in 72 h	n	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	this are	-	REATER BALTIMORE MEDICAL CENTRE # 1 BIRD RIVER GROVE RD	YES ND
	executed within and completely remove carbon is any event, within	3.	DECEASED	25 1967
	composite compos	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER Months 1 1 1 1 1 1 1 1 1	
	and (emovany)		WIDOWED DIVORCED 8.18.1901 65 Vrs.	Days Hours Min.
	be e)	10 du	a. USUAL DCCUPATION (Give kind of work done 10b, KIND OF BUSINESS DR 1.11, BIRT HPLACE (County & State, or foreign country) 12, C	CITIZEN OF WHAT
	icate be e physician in please r val, and in			OUNTRY?
	g phy len p loval,		3. FATHER'S NAME	
	re in di	1	CLARENCE KNIGHT HILDA BENTON 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	ires that the death cartificate be executed within 24 hours after physician. n signed by the attending physician and completely filled in by the fourial-transit permit. Then please remove carbon papers. Pages 1 burial, cremation, or removal, and in any event, within 72 hours after	(Y	(es, no, or unkown) (If yes give war or dates of service) 214 - 20-5062 Mrs Anna M. Knight Bird River	Grove
	the t pe		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	requires that the death ding physician. Peen signed by the atte the burial-transit permit to burial, cremation, or to burial, cremation, or		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Your death are selected.	UNSET AND DEATH
	es that the hysician. signed by urial-transi		1621 DUE TO DA A A A A A	
	uires s ph s ph su bur bur		gave rise to Immediate (b) William Common and Common an	·
	ttending has been as the prior to		cause (a), stating the underlying cause last.	
	law requires that the attending physician. I has been signed been as the burial-tran h prior to burial, cre	NO	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
	or or use ealt	ICAT		YES NO
	PHYSICIAN: The law requir the hospital or attending p this certificate has been detached for use as the b e Dept. of Health prior to b	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18 OR CONTRIBUTING 20b. CAUSE OF DEATH	3.)
	YSIC hos is classification		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Coi	unty) (State)
	the det	MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)	unty) (State)
	OR ATTENDING P be retained by t NRECTOR: After ge 3 should be ged with the State	Σ	p.m. 19 at work	Z. that (I) (we) last
	tain tain 108:		saw the deceased alive on Jack 2576 19 7 and that death occurred at 0.15 M, from the causes and on t	
	DR A)			DATE SIGNED
	AL O		M.D. ATTENDING MED. DIRECTOR STAFF NO. PHYS. 122c. PHYSICIAN'S 122d. ADDRESS 122d. ADD	23-0 /.
	TO HOSPITAL OR ATTENDING PHYSICIAN PAge 4 may be retained by the hospit of FUNERAL DIRECTOR: After this certi director, page 3 should be detached should be filed with the State Dept. of		22c. PHYSICIAN'S NAME (Type) / MAE S DESOR. 22d. ADDRESS Backerson he	O. Centre
	Page Fun Fun direct should	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or co	
	7 7 7	-	REMOVAL (Specify) 1-28-1967 Abingdon Temetery Abingdon 4. FUNERAL DIRECTOR ADDRESS / 7 / 1 25a, REC'D BY REGISTRAR 25b, REGISTRAR	Md.
	VR AI5 (4)	4	O 1 1007 Charle	
	20M 1/65	od.	assahn June & Home 7401 Beless Road DATEN 30 1301 1	

A CONTRACTOR OF THE PROPERTY O NO THE REPORT OF STREET AND A which was to be in its suggest that the state of the stat the state of the s Things wheelf, it wastered for well A DE LOS STORY DE MAN LES MAN DE LA CONTRACTION DELA CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00324 PLACE OF D 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) delay 15 o. COUNTY o. STATE Page b. COUNTY 40 death. Baltimore Maryland Baltimore MARYLAND Deportment b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Dundalk Dunda1k d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office along with farm hours Item 18. Give Pages ate 9 Patapsco Avenue 9 Patapsco Avenue YES NO X haurs after death. 3. NAME OF 4. DATE First Month Doy Year within 72 DECEASED **JOHN** KOLB. Jr. (Type or print) January DEATH 19 67 9. AGE (In years lost birthdoy) 22 yrs. S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR JE UNDER 24 HRS 7. MARRIED B. DATE OF BIRTH Months Hours DUZ WIDOWED DIVORCED Male White 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired). COUNTRY? INDUSTRY This certificate shauld be executed within 24 .⊆ ARYLAND rd "pending" in pencil in Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT permit. remaval. (Yes, no, or unknown) (If yes give wor or dates of service FREDA SAME AS #Z 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Acute Alcoholism JD. ie certificate, writing the ward should be farwarded ta the Cl crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 0 SD buriol, a nsed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) the certificate. YES 😾 NO designated agent, priar to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld PRIMARY or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page at work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Inspection Inquiry Natural causes x, Accident Suicide death resulted fram: Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 10 2/1/67 Rudiger Breitenecker, M.D. **EXAMINER'S** Health o NAME (Type) Address (Street, city, town, or county) the 23o. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 0 DUR 19 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR 2Sb VR A15ME (\$

6M 1/66



ny delay is 2, and 3 to

in pencil in Item 18. Give Pages 1,

This certificate shauld be executed within 24 haurs after death. If

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit file pages 1 and 2 with the State Department of

VR A15ME (5) +

Health prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

necessary, please execute the certificate, writing the ward "pending"

TO DEPUTY MEDICAL EXAMINER:

00322

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00325

_						
	o. COUNTY	BALTIMORE	MARYLAND	CTATE	(Where deceosed lived, if institution: b. COUNTY	Residence before odmission)
		If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RURAL	ond give neorest town)
	write RURAL on	d give neorest town)	AND REVOLUTION	Cat	tonsville	121
-	d NAME OF HOSPIT	Catonsville TAL OR INSTITUTION (If not in ho	aspital give street address)	d. STREET ADDRESS		L e. IS RESIDENCE
	d. 747112 07 110011	502 Forest			2 Forest Lane	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF	First	Middle	Lost	4. DATE Month	Doy Year
	(Type or print)	Jeanne	Elizabeth	KREBS	OF DEATH January	12, 1967
	S. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF	FUNDER 1 YEAR IF UNDER 24 HRS.
	Female	White wit	DOWED DIVORCED	2-25-22	44 last birthdoy) Myrs.	onths Doys Hours Min.
	100. USUAL OCCUPATION during most of working	N (Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country) yland	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	HERITA TATE		14. MOTHER'S MAIDEN	NAME	
	V	ernon L. Knech	it	Hel	en Matthews	
	15. WAS DECEASED EVI (Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of service)	(e) 27/ 76 2220 1	INFORMANT Mr. Gerard K 502 Forest I	rebs Address	
=	18. CAUSE OF D	EATH (Enter only one couse per		202 101000 2		INTERVAL BETWEEN
		TH WAS CAUSED BY:	Arteriosclerot	ic heart dis	sease	ONSET AND DEATH
	1120.	O IMMEDIATE CAUSE (o)	112 002 1 0 0 1 0 1			
	Conditions, if ony	which gove >				
	rise to immedio	te couse (o),				
	stoting the unde	erlying couse (c)				
			UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NOTION GIVEN IN PART 1(a)	19. WAS AUTOPSY
/	NOTA II. OTHER 3	IONITICANT CONDITIONS CONTRIB	OTHE TO DEATH BUT NOT KEENED TO	THE TERMINAL DISEASE CO	MUTION SIVEN IN TAKE I(0)	PERFORMED? YES X NO
The state of the s	200. EXTERNAL CAPRIMARY Or CO		20b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item 18.)	
a policia	20c. TIME OF INJ	URY Month, Doy, Year m. 19		ACE OF INJURY (Home, for ctory, street, office bldg., etc		(County) (State)
	21. 1 certif	v that I took charge of t	he remains described above, h	neld an Autopsy 🔽	Inspection . Inquiry	and in my apinian
	death resul			icide , Homicide		
	4 (41)	111 -1-0	The same of the sa	CHIEF MEDICAL		
1	ACTUAL SIGNATURE	Marle J.	In gat	M.D. ASSISTANT ME	DICAL EXAMINER X	22. DATE SIGNED
1	EXAMINER'S NAME (Type)	Charles S. S	pringate, M.D.	DEPUTY MEDIC	TAL EXAMINER	nuary 12, 1967
-	23o. BURIAL, CREMATI		23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
0	Burial (Specify	1-16-67	Woodlawn	Cem.	Baltimore,	Md.
-	24 FLINERAL DIRECTO)R	ADDRESS	2So. REC	D BY REGISTRAR 25b. REGIST	TPAR'S SIGNATURE
	Witzke	F.D4101 Edm	ondson Ave.	DATE JA	AN 16 1967 /C	wartes Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLANDORES 00323 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY af and 3 ta haurs after death. BALFINATRS

b. CITY OR TOWN (If outside corporate limits) MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside carporote limits, write RURAL and give nearest town) write RURAL and give nearest town? NSDAWN INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Office alang with farm Item 18. Give Pages 1, NO with the Sto within 72 h 3. NAME OF Middle DATE Month Lost Doy Year DECEASED OF AN B INE 19 0 DEATH YEAR IF UNDER IF UNDER 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years lost birthdoy) Manths Doys Haurs WIDOWED DIVORCED No 24 haurs event 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY ? in any 2 Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within in pencil 0 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? e, writing the ward "pending" forwarded to the Chief Medical (Yes, no, or unknown) (If yes give war ar dates af service) 3 6 or rema 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) burial, crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying cause 0 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO please execute the certificate. YES Health or its designated agent, priar ta 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II af item 1B.) 3 should PRIMARY
or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) may be refained far yaur FUNERAL DIRECTOR: Page Not While 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection (and in my opinion Natural causes Suicide | death resulted from: Accident Hamicide Undetermined manner TO DEPUTY MEDIC CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, of county) FREDERIC NAME (Type OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 0 REMOVAL (Specify) Cre 250 REF'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb. 24 FUNERAL DIRECTOR VR A15ME (5). DATE

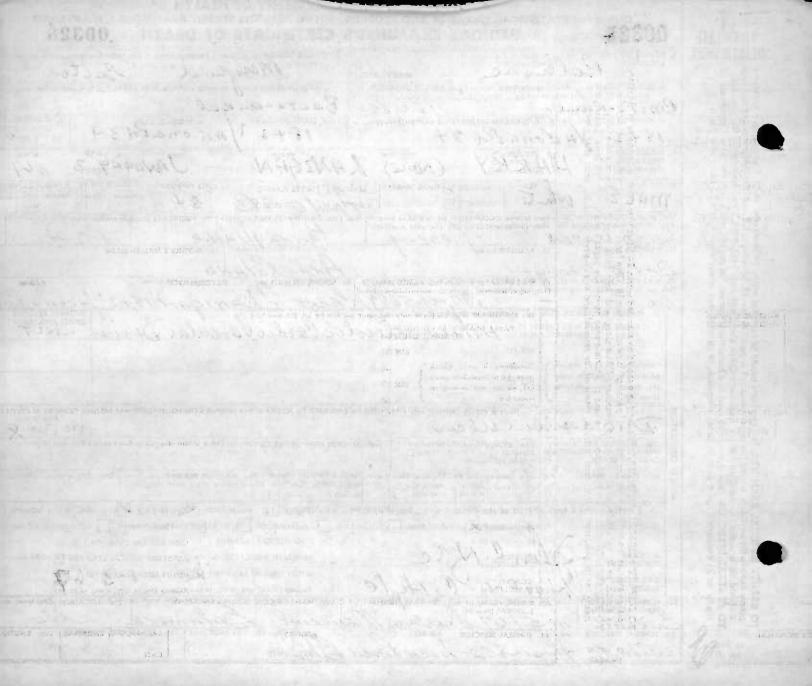
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00324 CERTIFICATE OF DEATH within 24 hours after death event, within 72 haurs after-death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARY! AND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)

FORT HOWARD c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 34 Days Baltimore attending physician and campletely filled in sermit. Then please remove carban papers. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Veterans Administration Hospital Hollins Street YES NO XX 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) ALFRED JAMES LA LOTTE JANUARY 25 67 DEATH The law requires that the death certificate be executed S. SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED DIVORCED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 68 birthdoy) Months Days Hours 5/1/97 White Male WIDOWED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast at warking life, even if retired) Restaurant COUNTRY? Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME maval, William LaLotte Catherine Revnolds 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no. grunknawn) (If yes give war ar dates af service)
Yes 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit ion or 217-05-93-66 Clinical Records, VA Hospital, Ft. Howard, Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN the signed by the burial-transit cremati PART I. DEATH WAS CAUSED BY CARCINOMA OF RIGHT LUNG IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUF TO burial, Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been for use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO XX 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. factory, street, affice bldg., etc.) Nat While 19 at work 3 shauld be 21. I certify that this haspital) attended the deceased from 12/22/ , 19 66, to 1/25/ , 19 67, that the deceased alive on 1/25/ 19 67, and that death accurred ab 220AM, from causes and an the date stated above. director, page 3 shauld shauld be filed with the saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE ATTENDING work DIRECTOR M.D. 22d. ADDRESS PHYSICIAN'S PETER V. JUVAN, M. D. VA HOSPITAL, FORT HOWARD, MARYLAND NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) Baltimore National Cemetery Baltimore, Maryland St REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE & Poppleton Minney VR A15 (4) 20 M 1/66 Cowan Funeral Home, Baltimore, Maryland DATE

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V.A. Count Funeral Horse, Bullions, N. ryd. on St.

BALTIMORE 1. MARYLAND 1. PLACE OF DEATI (Whare deceased lived, If institution, Residence-before admission a. COUNTY Page b. COUNTY o files. MARYLAND Department b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If or side corporate limits, write RURAL and give nearest town) director. retained for your BALTO-Rural . 16 CVRS OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? the funeral State hours efter NO K 3. NAME OF Middla DECEASED OF DEATH with the (Typa or print) 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS plast birthday) Months WIDOWED DIVORCED 2 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRA 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) MOTHER'S MAIDEN NAME MD SCAPER URSERL 13. FATHER'S NAME form PM3, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (Ifyasgive war or delea of service) Address Office along with in Item 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). burial-fransit PART I, DEATH WAS CAUSED BY: DUE TO Conditions, if eny, which "guibued gave rise to immediate cause word "pending dical Examiner's DUE TO (e), stating the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? Medical YES T NO A should 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 0 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief A prior 3 MEDICAL Page 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Year (County) (Stata) factory, street, office bldg., etc.) Hour a.m. Whila Not While at work at work the certificate, forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry & and in my opinion DICAL Natural causes Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL lease execute t ASSISTANT MEDICAL EXAMINER DATE SIGNED PUNERAL SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER ò EXAMINER'S NAME (Type) 4 sh. TO PU. Health Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 22a. BURIAL, CREMATION. DATE THEREOF (State) REMOVAL (Spacify) REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR A15ME llesm



MARYLAND STATE DEPARTMENT OF HEALTH 00 32 SION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00329 hours after death funera 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland by the f Pages 1 irs after Baltimore County MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Page event, within 72 hours Baltimore Mount Wilson = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled e. IS RESIDENCE ON A FARM? 1915 Wilson State Hospital NO X YES within etely NAME OF First Middle Last DATE Month DECEASED OF Margaret 6 Mar -au (Type or print) DEATH 19 executed 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS emove NEVER MARRIED 7. MARRIED X last birthday) Months | Days WIDOWED DIVORCED 12. CITIZEN OF WHAT = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) an physician n please during most of working life, even if retired) INDUSTRY COUNTRY? certificate_be and Marylane Housewi 13. FATHER'S NAME MOTHER'S MAIDEN NAME transit permit. Then, cremation, or reremoval Shanahan OSEDH Margaret 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address death (Yes, no, or unkown) (If yes give war or dates of service) 216-34 -3459 Records, Mt. Wilson State Hospital 20 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit burial, cremat The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. ulmonary Inberculosi's IMMEDIATE CAUSE (a) signed DUE TO Conditions, If any, which (b) been gave rise to immediate the DUE TO cause (a), stating the as the underlying cause last. (c) 119. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate CERTIFICAT the hospital or Thoracic NO X pyema PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) jo DR CONTRIBUTING CAUSE OF DEATH hed (IF EITHER, NOTIFY MEDICAL EXAMINER) is MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) det factory, street, office bldg., etc.) be de State DIRECTOR: After age 3 should be dilled with the State Hour a.m. Not While ATTENDING at work at work retained 2. 10. 1964 2 . 196 / that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 67, and that death occurred at 11 78 M, from the causes and on the date stated above saw the deceased alive on. DATE SIGNED 22a2 SIGNATURE page STAFF ATTENDING PHYS. M.D. DIRECTOR PHYS. HOSPITAL FUNERAL 22d. ADDRESS Wm. Newcomer, M.D., Superintendent director, should be Mount Wilson, Maryland Page 23d. LOCATION (City, town or county) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. 0 REMOVAL (Specify) 2 Juria REBISTBAR'S SCHALURE FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. 25a. Kenny Inc 1600 Hollins St. Balto. Md VR A15 (4) DATE 20M 1/65

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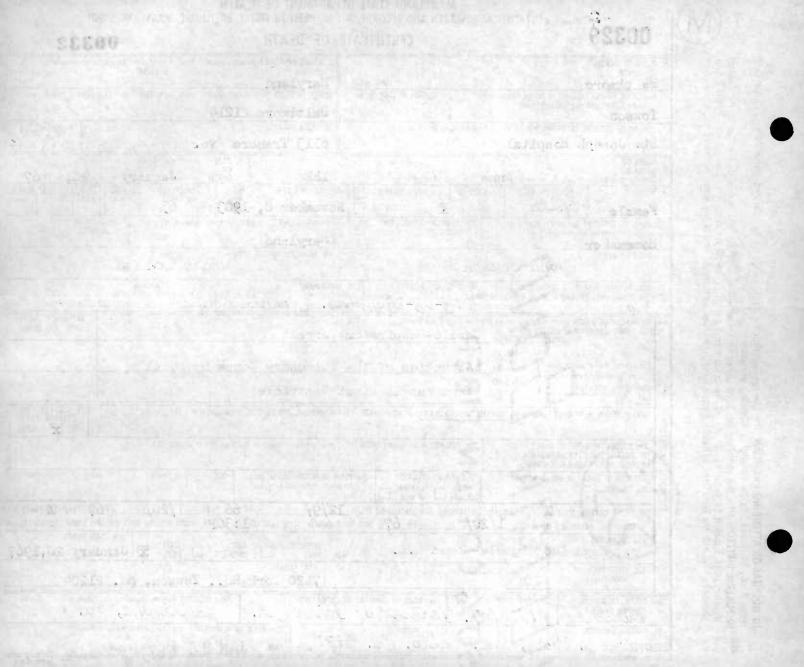
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY the frees 1 MARYLAND BALTIMORE BALTIMORE MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b completely filled in by t ove carbon papers. Page v event, within 72 hours a hours BALTIMORE YEARS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET AOORESS ON A FARM? NO Y SIO REGIS COURT 8224 FT. SMALLWOOD RD YES NAME OF Month Year 3. First Middle Last DATE Oav remove carbo DECEASED DEATH (Type or print) REBECCA T. LAWTON 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Qays | Hours | Min executed 5. SEX 6. COLOR OR RACE OATE OF BIRTH 9. 7. MARRIEO X NEVER MARRIEO Months | WIDOWED OLVORCEO T FEMALE WHITE 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Ther please be during most of working life, even if retired) COUNTRY? and U.S.A HOUSE WIFE MARYLAND or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM BIDDISON CLARA SCHULTZ 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address transit permit. 16. SOCIAL SECURITY NO. death (Yes, no, or unknwn) (If yes give war or dates of service) MRS. DORIS L. COLE NO NONE SIO REGIS CT. INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the burial-transit or to burial, crema PART I. OEATH WAS CAUSED BY: weeks or attending physician. IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which (b) gave rise to immediate **OUE TO** cause (a), stating the prior t underlying cause last. (c) 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use PERFORMEO? certificate NO X YES the hospital this cerum detached for 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20d. INJURY OCCURREO 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Hour a.m. After d be d While Not While at work ATTENDING retained by p.m. at work DIRECTOR: Afage 3 should liled with the S Z. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and 1967 and that death occurred at 7 M. from the causes and on the date stated above. saw the deceased alive on_ OATE SIGNEO 22b. 22a. SIGNATURE ATTENDING X OIRECTOR M.O. Page 4 may TO FUNERAL D TO FUNERAL D director, pag should be file AOORESS PHYSICTAN'S 22d. 22C. Camp Meade Rd., Linthicum, Md. 529 Shipley Roderick E. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 23b. OATE THEREOF BURYAT (Specify) BALTIMORE, MD. 18/67 MEADOWRIDGE CEMETERY REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE AODRESS FUNERAL DIRECTOR VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00329 CERTIFICATE OF DEATH 00332 and campletely filled in by the funeral remave carban papers. Pages 1 and 2 n any event, within 72 hours after death. **OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY o. COUNTY Baltimore MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1b write RURAL and give negrest tawn) Baltimore 21214 Towson d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 6113 Tramore Ave. St. Joseph Hospital NO DO YES 3. NAME OF Middle Lost DATE Month Year First Dov DECEASED Marie 19 67 LEE 20. January Anna DEATH (Type or print) ease remave car IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Hours White November 8, 1903 and in any WIDOWED DIVORCED Female 11. BIRTHPLACE (County & Store, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Maryland Homemaker

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remaval, John Bauman Mary Lohman 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, ng, prunknown) (If yes give wor or dotes of service) unthia Rohde Same. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cardio-Respiratory Arrest IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. Conditions, if ony, which gove (b) Obstruction of the Pulmonary Conus by Mural rise to immediate couse (o), DUE TO stoting the underlying couse Thrombus in Right Ventricle be detached for use as the State Dept. of Health prior to this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES TO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work O FUNERAL DIRECTOR: After 21. I certify that (this haspital) attended the deceased fram 12/9/, 1966, ta 1/20/, 1967, that (x) (we) last saw the deceased alive on 1/20/ 1967, and that death accurred at 1:30PM, fram causes and an the date stated above. 1966 , ta 1/20/ , 1967, that 🕱 (we) last shauld saw the deceased alive on 1/20/ 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING Reynaldo VOrjuela-Gomez M.D. January 20,1967 M.D. DIRECTOR director, page Shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Rd., Towson, Md. 21204 NAME (Type) 23d. LOCATION (City or Town) (County) (Stote) 23c. NAME OF CEMETERY OR CREMATOR' 23b. DATE-THEREOF 23o. BURIAL, CREMATION, Baltimore, REMOVAL (Specify) ardens of taith em. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ruck, Inc. VR A15 (4) 20 M 1/66 JAN 25 eonard Ochorten Juds DATE



FOR STATE

hours after death. If any delay is tem 18. Give Pages 1, 2, and 3 ta Office alang with farm PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed with necessary, please execute the certificate, writing the word "pending" in pen the funeral directar. Page 4 shauld be farwarded to the Chief Medical Exam MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION	OFVITAL	RECORDS,	301 \	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201

00330	MEDICAL EXAMINER 3	CERTIFICATE OF DEATH	0333
O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: R o. STATE Pennsylvania COUNTY	esidence before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL or	nd give neorest town)
Wille KOKAL Olid give nedlesi lowily		Chester	75.3
d. NAME OF HOSPITAL OR INSTITUTION (If not in I	nospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Kennedy Hwy. near Whi	te Marsh Blvd.	364 Lamokin St.	YES NO
3. NAME OF First	Middle	Lost 4. DATE Month	Doy Year
(Type or print) Loren:	zo	Lee OF DEATH 1	21 19 67
S. SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED		INDER 1 YEAR IF UNDER 24 HRS.
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during most of working life, even if retired)	INDUSTRY	en e	COUNTRY?
13. FATHER'S NAME,		14. MOTHER'S MAIDEN NAME	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT Address	
(Yes, no, or unknown) (If yes give wor or dotes of serv	(c)	Herta Perry Williamsto	nn.e.
18. CAUSE OF DEATH (Enter only one couse pe	r line for (o), (b), ond (c).)		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Multiple injur	ies	ONSET AND DEATH
8/9.4 DUE TO			
Conditions, if ony, which gove) (b)			
rise to immediate couse (a), stoting the underlying couse			
lost. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO X
200. EXTERNAL CAUSE WAS PRIMARY A CONTRIBUTING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I or Port II of item 18.)	
PRIMARY LA or CONTRIBUTING LI CAUSE OF DEATH.	Passenger in	auto into fixed object	
20c. TIME OF INJURY Month, Doy, Year Hour o.m.	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town)	(County) (Stote)
Hour o.m. 1 21 19 67		tory, street, office bldg., etc.) treet Ba	ltimore Md.
21. I certify that I tack charge of			, and in my apinia
death resulted fram: Natural car		cide , Hamicide Undetermined manne	
1100	7	CHIEF MEDICAL EXAMINER	
SIGNATURE William in	7-16	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	Spitz, M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	1/21/67
230. (BURIAL, REMATION, REMOVAL (Specify) 23b. DATE THEREOF	_	CREMATORY 23d. LOCATION (City or Town) Wellawyter	(County) (State)
24. FUNERAL DIRECTOR, 1 blen 136	18 n. Calhorn	250. REC'D BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE

VR A15ME (5) 6M 1/67

5 may be retained far your files.

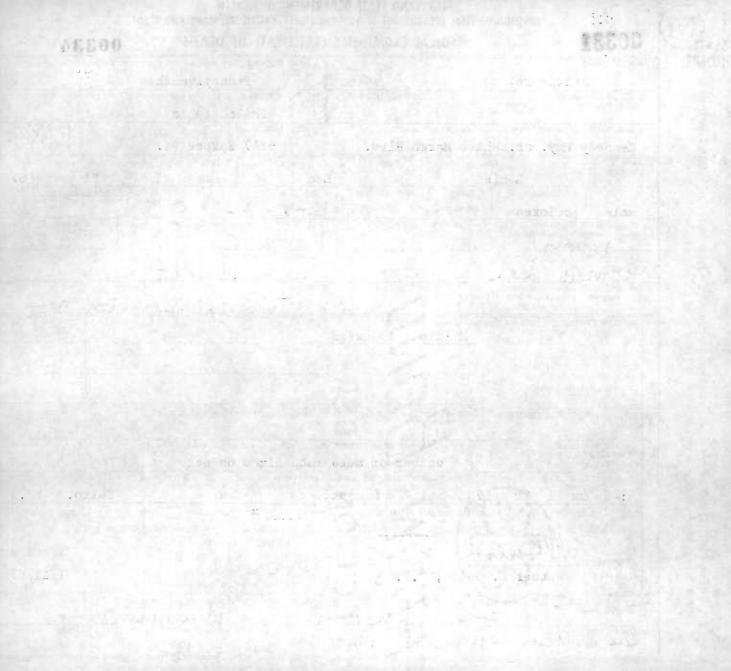
TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of

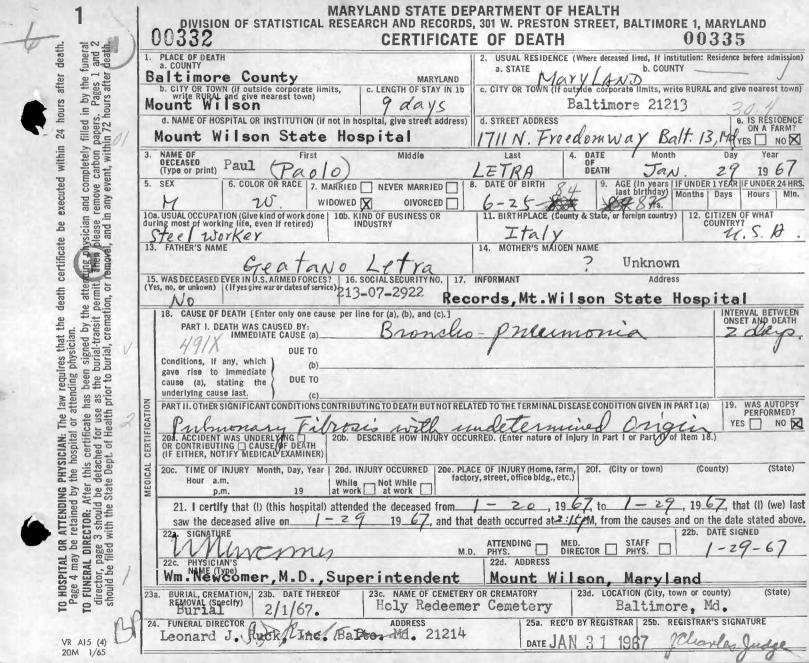
Health priar to burial, cremation, or remayal, and in any event within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

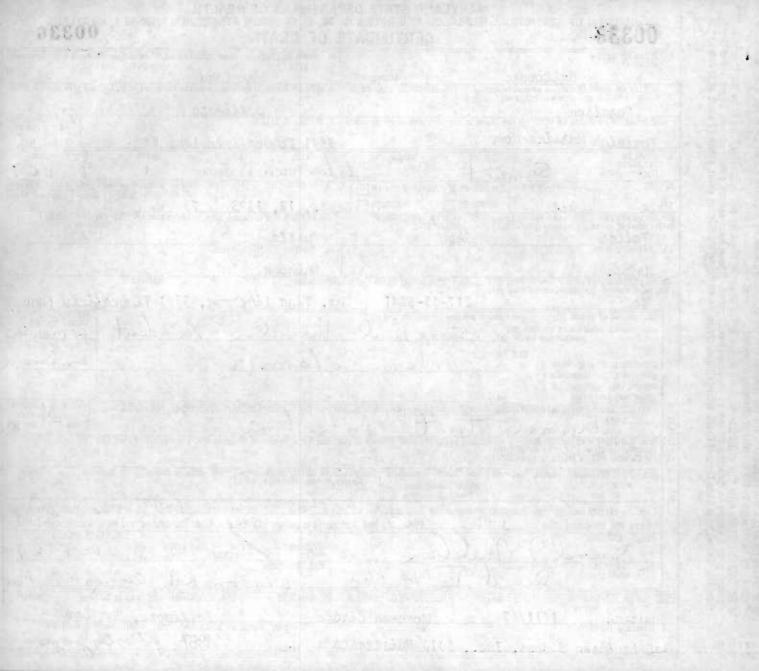
FOR STATE		UU331 MED	ICAL EXAMINER'S	CERTIFICATE O	F DEATH	00334
HEALTH DEPT.	1.	PLACE OF DEATH			Vhere deceosed lived, if institution	
ay is 3 to Poge and of		o. COUNTY Baltimore	MARYLAND	o. STATE Pe	ennsylvania ^{b. (OUN)}	√
delay and 3 M3. Por		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporate limits, write RURA	AL ond give neorest town)
PM3.	L				adelphia	75.3
Dep 1, 2		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
h. If farm farm		Kennedy Hwy. nr. White Ma			Spruce St.	YES NO
them 18. Give Pages Office along with far land 2 with the State r death.	3.	NAME OF First DECEASED (Type or print) Louis	Middle	lost ee	4. DATE Month OF DEATH 1	21 19 67
after of 8. Give olong with the	S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In yeors lost birthdoy)	Months Doys Hours Min.
em 18. Iffice o	L	marc octored	DIVORCED	12-5-2	6 40 yrs.	
within 24 hours after death. If any delay a pencil in Item 18. Give Pages 1, 2, and 3 saminer's Office olong with farm PM3. Pote pages land 2 with the State Department hours after death.	1De du		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
in 2 cil ii ner' s af	13	FATHER 3 NAME		14. MOTHER'S MAIDEN N	IAME	
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D .= .		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 16. 16. 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Addres	S
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should be executer word "pending" or the Chief Medical burial-tronsit permit.		18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:			V	INTERVAL BETWEEN ONSET AND DEATH
ld be crd "pe Chief tronsit event		019 4/ IMMEDIATE CAUSE (o) MUI	tiple injuries			
e should the word to the Cl burial-tru in any ev		Conditions, if ony, which gove)				
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he che che che che che che che che che c	DICAL	20c. TIME OF INJURY Month, Doy, Yeor 2Dd. If	NJURY OCCURRED 2 2De. PLAC	E OF INJURY (Home, form	, 2Df. (City or town)	(County) (Stote)
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se exerctor. Pred fa		deoth resulted from: Natural couses	, Accident X, Suici	de, Homicide	, Undetermined ma	inner
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o DEPUTY necessory, p the funeral s may be re o FUNERAL Health prior		EXAMINER'S Werner U. Spitz	/M.D.)		, city, town, or county)	1/21/67
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VR A15ME (5) 6M 1/67	2	HUNERAL DIRPCTOR / School 1348n.	Calhorn ST			SISTRAR'S SIGNATURE





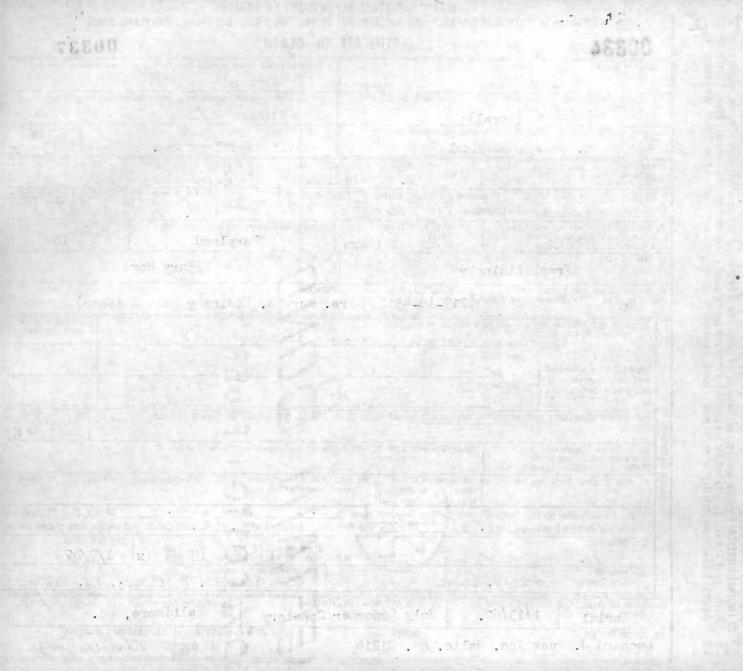
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-	1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
المادة	= (IV	1	00333 CERTIFICATE OF DEATH	
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urted			6. SEX 6. COLOR OR RACE 7. MARRIED 7. NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IFUNDER 1 YEAR IFUNDER 24	IRS.
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leat	the atten it permit. nation, or		No 217-03-3241 Mrs. Tina Liberman, 3301 Timberfield Lane	
The law requires that the death certificate be executed within or attending physician.	d by the a ransit perr cremation,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY:	H
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ng b	been the b		gave rise to immediate cause (a), stating the DUE TO	
The law requires that or attending physiciar	has be as th prior	8	underlying cause last. (c)	ev.
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	売る王		20a, ACCIDENT WAS UNDERLYING V 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
PHYSICIAN: the hospital			20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH CONTRIBUTION CONTRI	
PHYS the h	this detacl		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a m factory, street, office bldg., etc.) (City or town) (County))
	After d be d		Hour a.m. p.m. 19 While at work at work	
ATTENDING retained by			21. I certify that (II) (this hospital) attended the deceased from 1/-28, 1966, to 1-9, 1967, that (II) (we)	
OR ATTEND be retained	sho /ith		saw the deceased alive on 1967, and that death occurred at 9 cm, from the causes and on the date stated about 22a. SIGNATURE 22b. DATE SIGNED	ove
OR be	director, page 3 shoul should be filed with the		David . M.D. ATTENDING MED. STAFF 1-9-6)
PITAL 4 may	RAL or, pa be fil	,	22c. PHYSICIAN'S NAME (Type) 22d. AOORESS PLOT MALE (Type)	
O HOSPITAL Page 4 may	o FUNER director should b	/	Lavic I. Miller Linson Rd. Uning Mile 1	d
TO HOS	dire sho	9	REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	
			Burial 1/11/67 (Workmen Circle Baltimore, Maryland 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE	
	A15 (4)	10	Sol Levinson & Bros. Inc., 6010 Reisterstown Rd DATE 16 1967 Charles Jusque	
15M	4-64			



Leonard J. Ruck Inc. Balto. Md. 21214

VR A15 (4) 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) hours . COUNTY b. COUNTY 후 7 년 라 MARYLAND and deat b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ c. LENGTH OF STAY IN 16 write RURAL and give nearest town) filled in Pages 1 hours after NSVILLE d. STREET ADDRESS within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE ON A FARM? papers. In 72 hou completely YES NO Y executed 3. NAME OF Middle 4. DATE Day Year DECEASED OF within (Type or print) DEATH 1967 carbon 5. SEX and 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months event, Min. Days death certificate WIDOWED physician remove 10d. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) any 13. FATHER'S NAME ease .5 ding מ after requires that the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or dates of service) permit physician. has been signed by /18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 9 ONSET AND DEATH PART I. DEATH WAS CAUSED BY cremation, IMMEDIATE CAUSE (a) burial-transit DUE TO the hospital or attending Conditions. if any, which geve rise to immediate cause burial, DUE TO (a), stating the underlying the cause last. DIRECTOR: After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use as 19. WAS AUTOPSY 0 CERTIFICATION PERFORMED? prior YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert 1 or Part II of item 18.) of Health OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by ATTENDING MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. Dept. at work 19 at work D.M. pe 19 6, that (1) (we) last pluods State The causes and on the date stated above. saw the deceased alive on... and that death occurred at M. from may 22b. DATE 22a. SIGNATURE with the ATTENDING SIGNED TO FUNERAL I MED. STAFF TO HOSPITAL PHYS. DIRECTOR PHYS. M.D. Page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) death. 23e. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOYAL (Specify) 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR VR A15 (4) 20M 5-63

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attendi permit. Ian, ar r	(Yes, no, or unknown) (If yes give war ar dates of service) 226-16-2492 Robert E 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	BRYANT Woodstock INTERVAL BETWEEN
equires that the death or physician. Signed by the attending burial-transit permit. The burial, crematian, ar rem	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Construction Herman Due To Due To	ONSET AND DEATH
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The law re attending has been se as the lth priartal	lost. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
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NDING of the state	21. I certify that (I) (this haspital) attended the deceased fram 4.	96), ta 9 Jan, 1967, that (1) (we) la
AL OR ATTENDING PHYSICIAN y be retained by the hospital L DIRECTOR: After this certifica age 3 shauld be detached fai filed with the State Dept. af He	22a. SIGNATURE ATTENDING	MED. STAFF 22b. DATE SIGNED
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Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1-13-67 Ilenwood Baptaf	23d. LOCATION (City ar Town) (County) (Stote)
VR A15 (4) . 20 M 1/66		BY REGISTRAR 25b. REGISTRAR'S SIGNATURE AN 16 1967 October Outgas

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/		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N	MARYLAND
	W.	00338 CERTIFICATE OF DEATH 003	
	funeral and Zer death.	1. PLACE DF DEATH e. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If Institution: If e. STATE Maryland b. COUNTY Bal	Residence before admission
	24 hours after filled in by the apers. Pages 1 n 72 hours after	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) HARRISONVILLE c. LENGTH GF STAY IN 1b Reisterstown (Rural)	and give nearest town
	filled in papers. Fin 72 hour	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) CHAPEL HILLS NURSING HOME Dover Road	e. IS RESIDENC ON A FARM?
•		3. NAME DE First Middle Last LA DATE Month	Day Year
	w ale	DECEASED (Type or print) Marian Carney Long 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IFUNDER 9. AGE (in y	1967 19 R 1 YEAR IF UNDER 24 HR Days Hours Min.
	executed in and com ir emove c	Female White WIDOWED DIVORCED Jept. 1, 1895 // yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
	physician n please	Housewife Un Home Maryland	OUNTRY?
	certificate be nding physicial Then please removal, and i	13. FATHER'S NAME Albert P. Carney 14. MOTHER'S MAIDEN NAME Nary Chenoweth	
	he death certification of removement of removement of the certification of removement of the certification of the	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) No None 16. SOCIAL SECURITY NO. 17. INFORMANT Family Records	
	es that thysician. signed by urial-tranurial, cre	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate (b) (b) (c) (c) (c) (d) (d) (d) (e)	INTERVAL BETWEEN ONSET AND DEATH
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		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
	he h this letac Dep	EDC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	ounty) (State)
	After d be State	21. I certify that (I) (this hospital) attended the deceased from 1540, 19 to 19, 19	that (I) (we) la
	III m <	saw the deceased alive on 19 , and that death occurred at M, from the causes and on 22a. SIGNATURE M.D. PHYS. DIRECTOR PHYS. MED. DIRECTOR PHYS. MED. DIRECTOR PHYS.	the date stated abov
	TO HOSPITAL OR Page 4 may be O FUNERAL DIRI director, page should be filed	22c. PHYSICIAN'S NAME (Type) / SIES 6 SOLE 1 22d. ADDRESS 1 EISTEIS TO WAS	1411
	TO HOSPI1 Page 4 I TO FUNER director, should by	23a. BURIAL CREMATION, REMOVAL (Specify) Surial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or continuous continuou	ounty) (State)
	VR AIS (4)	John Burns' Sons, Towson, Maryland DATE JAN 13 1967 JChe	wes Judge
	20111 1/00		(V)

1			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	RYLAND
	F 29 F		00339 CERTIFICATE OF DEATH	2.9
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	s af by t Page Irs a		b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	give nearest town)
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	completely fill completely fill second within a carbon pale event, within	3.	NAME DF First Middle Last I 4. DATE Month D	Day Year
	executed within and completely remove carbon I any event, with		(Type or print) IRENE ANN COTT	9 1967
		5.	last birthday) Months Day	
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		du	uring most of working life, even if retired) INDUSTRY COUNT	TRY?
	cate be ephysician please ral, and in	13	NS EXAMINER INSURANCE PATTERSON, N. J. U. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	377
	certificate ding phys Then plo removal,	1	VILLIAM FOLEY LILLIAN ANN QUINN	
	p. de		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service)	36
	death c	_	UNX 227-261802 Pt. Chart Mary Ann Kraus 8711	Belair Rd
	the y th sit		PART I. DEATH WAS CAUSED BY:	NTERVAL BETWEEN ONSET AND DEATH
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	nosp cer ched pt. o			
	PHYSICIAN: the hospital this certifi detached fo e Dept. of H	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour a.m. (While Not While 10 factory, street, office bldg., etc.)) (State)
		MEC		
			21. I certify that (I) (this hospital) attended the deceased from 17, 1967, to 18, 1967, saw the deceased alive on 1967, and that death occurred at 2.30 M, from the causes and on the causes are considered.	, that (I) (we) last
	OR ATTEND y be retained DIRECTOR: / age 3 should iled with the		22a. SIGNATURE 22b. DATE	SIGNED
			M.D. ATTENDING MED. STAFF PHYS.	8-67
	ERA DE,		22c. PHYSICIAN'S NAME (Type) / JUAN L. ROQUE 22d. ADDRESS 67D/ N. Charles St. Balto	0 4 Md.
	Page Page O FUN direct	23	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)) (State)
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	NO ME CO PA	2	(34)	A. O.
	VR AI5 (4) 20M 1/65	2	Lassahn Funeral Home 7401 Belan Roat DATE JAN 10 1967 Journe	a a
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

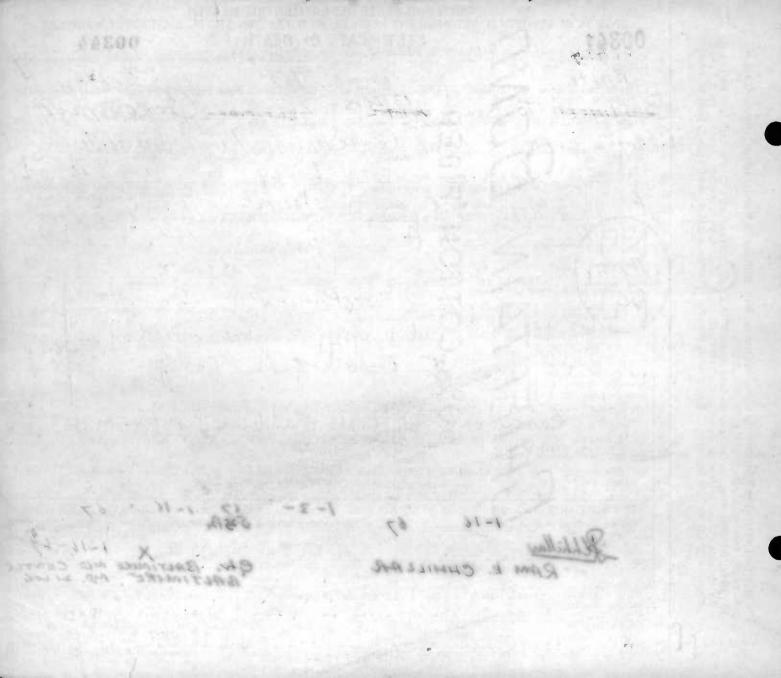
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00343

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ofter d 8. Give alang v with the	5.		B. DATE OF BIRTH 9. AGE (In years IF UNDER I	
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- 3	15	SAM B. LEWERS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	INFORMANT Address	
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d be executed to "pending" if Chief Medical tronsit permits event within the control of the cont		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BARDINA	ONSET AND DEATH
td be rd 'pe Chief tronsit event		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	re Occiliaen	
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Thi icot be d be rer	CERTIFICATION	20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 1B.)	
certification on the control on the		PRIMARY ☐ or CONTRIBUTING ☐————————————————————————————————————		
EXAMINER: Ute the certificate 4 should by your files. Page 3 should cremation, or 1	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLAC		unty) (Stote)
KAM te th le 4 /our age ema	MED	Hour o.m. While Not While of work	ory, street, office bldg., etc.)	
EX.		21. I certify that I took charge of the remains described above, he	eld an Autapsy , Inspection Inquiry	and in my apinio
MEDICAL I		deoth resulted from: Natural causes . Accident . Suici		T and in my apino
se exe setor. I ned fo ECTOR	-	deoni resolved from. Morota cooses [27], Accident [23], Solid	CHIEF MEDICAL EXAMINER	J
ME lleo dire tai to	- 1	ACTUAL TO C C COLOR CON		22. DATE SIGNED
			M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	1/2//-
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ro DEPUTY necessory, properties from the funeral 5 may be roof FUNERAL Health prior	230	BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C		(County) (Stote)
5 = 2 5 ±	200	REMOVAL (Specify)		
	24	FUNERAL DIRECTOR ADDRESS ADDRESS	250. REC'D BY REGISTRAR 2Sb. REGISTRAP'S SI	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
00341 CERTIFICATE OF DEATH 00344
1. PLACE DF DEATH a. COUNTY A. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as STATE b. COUNTY A. STATE MARYLAND
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)
d. NAME DF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET ADDRESS 65 Garden Ridge Rd ON A FARM? Repter Batto. Medical Center MASONNOLI Hothellt Noversuit yes No D
B. NAME OF DECEASED (Type or print) PANNE Middle Last 4. DATE Month Day Year OF DEATH / 12 19 67
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday WIDOWED OIVORCED 5/2/8 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR. Months Days Hours Min.
Da. USUAL OCCUPATION (Give kind of work done luring most of working life, even if retired) 10b. KIND OF BUSINESS OR line in the life in the line in t
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. ROW N
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) IS -/0 -0378 PA+1EN+5 Address Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PURCHASI ENGL ONSET AND DEATH
Conditions, If any, which gave rise to Immediate cause (a), stating the DUE TD DUE TO Cardio Vas cular Collapse DUE TO DUE TO
underlying cause last. (c)
20a. ACCIDENT WAS UNDERLYING TO COUNTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 While 20d. INJURY (Home, farm, factory, street, office bldg., etc.) 5 Dr. (City or town) (County) (State) 5 Dr. (City or town) (County) (State) 5 Dr. (City or town) (County) (State) (County)
21. I certify that (I) (this hospital) attended the deceased from 1-3-, 1942, to 1-16, 1967, that (I) (we) last saw the deceased alive on 1-16, and that death occurred at 535 m from the causes and on the date stated above
22a. SIGNATURE M.D. ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS. 22b. DATE SIGNED 1-16-67
22c. PHYSYCTAN'S RAM K. CHHILLAR 22d. ADORESS GW. BALTIMORE M.D. CENTER BALTIMORE M.D. 2124
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 1-19-67 LORRAINE PARK CEM. WoodLAWN WARYLAND
24. FUNERAL DIRECTOR AOORESS 1050 YORK Ed. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00345 within 24 hours after death NAME OF DECEASEL 2. DATE AND HOUR OF DEATH (Type or Print) KONSTANTO 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE BALTIMORE COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress ar location) 517 CE NOBSING MORE 32944RLEM MN 21229 BOLT: MORE 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthday) If Under 1 Yr. Months: Doys WIDOWED, DIVORCED (specify) SINGL E 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF Some during most of warking life, even if retired) WHAT COUNTRY physicion nen please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ottending phys UKOSZEWICZ PASKAV 15. Was Deceased Ever in U. S. Armed Farces? 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. CHART signed by the burial-tronsit purial cremati CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) NO CARCINOCHE OF ANTECEDENT CAUSES 90 RECTUM DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. be detached State Dept of 22. I certify that (1) (this hospital) attended the deceased from 2 m that (1) (we) last saw the deceased alive an and that in (my) (out) apinion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED DIRECTOR: M.D. Attending r Med. 23C. PHYSICIAN'S NAME (Type) NAME (Type)

24A. BURIAL CREMATION, 24B.

REMOVAL (Specify)

25A. DATE REC'D BY HEALTH D 180/ FREDERICKR FUNERAL OF GEMETERY OF CREMATORY VR A15 (4)

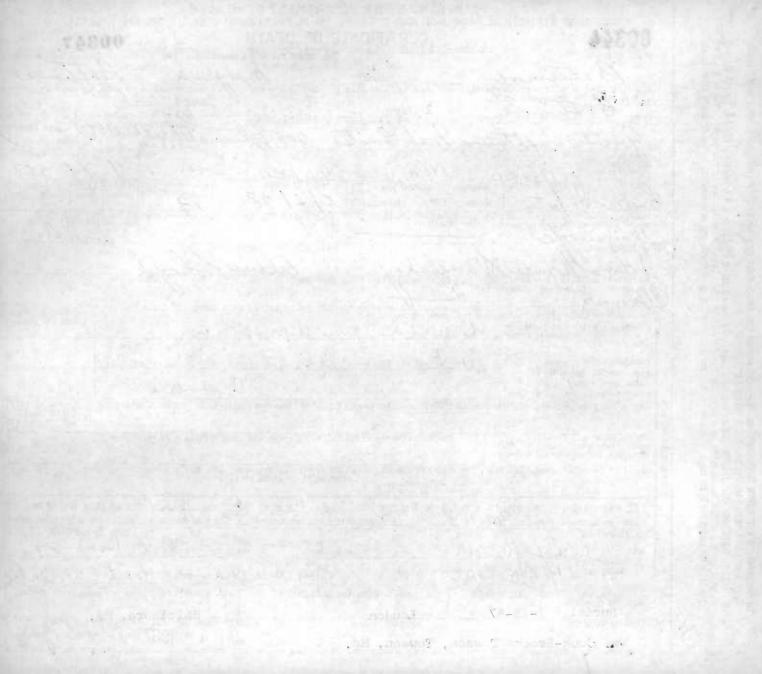


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STATES OF SHIP DESCRIPTION

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. CDUNTY a. STATE b. COUNTY after the MARYLAND by the Pages b. CITY OR TDWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) lease remove carbon papers. Pag and in any event, within 72 hours write RUBAL and give nearest town) hours more = enda 2 Days filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 24 NO L YES within etely completely we carbon NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) DEATH 0 19 61 OR RACE DATE OF BIRTH AGE (in years | IFUNDER 1 YEAR IF UNDER 24 HRS 8. remove 7. MARRIED NEVER (M) RRIED last birthday) Months Days Hours and WIDOWED TE DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during, most of working life, eyen if retired) 10b. KIND DF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT attending physician rmit. Then please COUNTRY! 11 removal, FATHER'S NAME 14. MDTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMAN 0 death (If yes give war or dates of service) been signed by the attention the burial-transit permion to burial, cremation, o 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate as the l DUE TO cause (a), stating the underlying cause last. has (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health detached for use te Dept. of Health PERFORMED? the hospital or ND 🔀 YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [7] DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While p.m. at work at work retained p 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred a D. 30 PM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. MED. DIRECTOR M.D. Page 4 may HOSPITAL TO FUNERAL PHYSICIAN'S ADDRESS director, p NAME (Type) COR BURIAL, CREMATION, 23b. DATE THEREDE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Soecify) 1-18-67 Buria Loudon 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1967 Wm. Cook-Brooks Towson, Towson, Md. VR A15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00345 00348 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death the funeral and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY filled in by the nor MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 50 ban papers. within 72 ho NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address e. 1S RESIDENC ON A FARM? NO YES carban NAME OF Year the attending physician and campletely sit permit. Then please remave carban DECEASED (Type or print) or DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Tost birthdoy) Months Doys Hours and interne WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done. 10b. KIND OF BUSINESS OR THPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY,? please INDUSTRY tousekeepe MOTHER'S MAIDEN NAME ar remaval INFORMANT (Yes, no, orunknown) (If yes give wor or dotes of service burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH burial-transit acciden PART I. DEATH WAS CAUSED BY signed by 1 IMMEDIATE CAUSE (o) be retained by the hospital or attending physician. DUE TO 45CUD Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse priar to this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION of Health NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. While Nat While ot work of work 21. I certify that (1) (this hospital) attended the deceased from F. 6 19.67, and that death accurred at 4 D M, fram causes and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an Jan : 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. directar, page 3 shauld be filed v M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Newland E. Day 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION BREMOYAL (Specify) 1-27-67 Baltimore, Maryland Loudon Park Cemeterv ADDRESS 2So. REC'D BY REGISTRAR 2Sb: REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 195 1050 York Rd. Wm. Cook-Brooks Towson Inc.

TAN (. 18 1) 8485 Beltimore HOED WENE HE SHEW AND WENT SENT A SENTENCE HELD Contractive of the particular of the \$1. THUC. 1574 1 779 43 318-54 agas Will I Evenera I Standard Sans Cotober Unscalar accident since GUSSA ASCUD The state of the s 4-8-33 18 8 18 16 " Mide.

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(State)

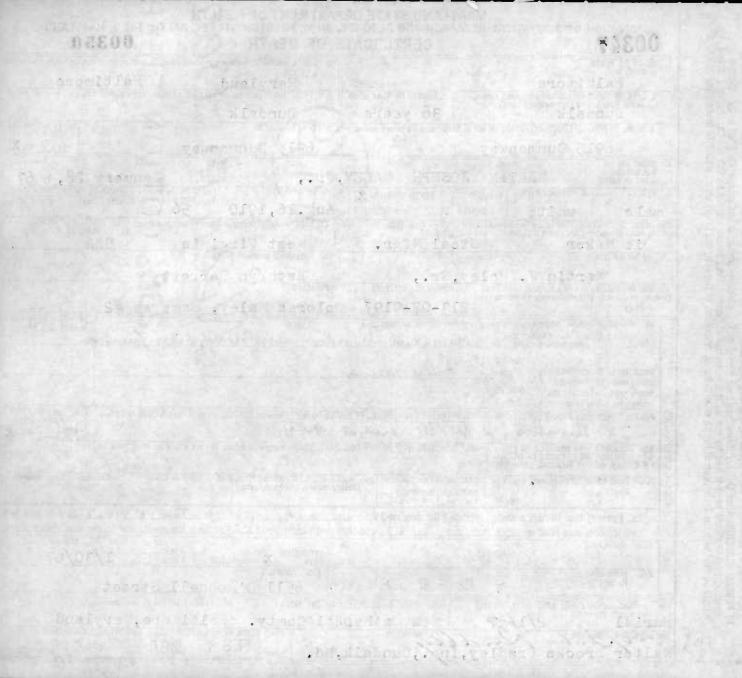
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1967

ON A FARM?

NO X

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00346 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00349 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
o. STATE Maruland b. COUNTY Baltimore BALTIMORE Townson delay 1. o COUNTY a death. MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PM3. F write RURAL and give nearest town) after (Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Item 18. Give Pages 1, Office along with form hours 2807 Chesley Ave. ate St. Joseph Hospital YES NO X haurs after death. 3. NAME OF Middle 4. DATE Lost Month Year S DECEASED Malinowski 1067 LAura within (Type or print) DEATH S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR_OR RACE 7. MARRIED NEVER MARRIED 78 72 birthdoy) Months Hours Mar 22.1888 WIDOWED * DIVORCED C event 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Poland COUNTRY? U.S.A any Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Felicia Walter Swincinski 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? _= 16. SOCIAL SECURITY NO. Address rd 'pending" ir Chief Medical B (Yes, no, or unknown) (If yes give wor or dotes of service) Same Family INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY AMAY 0 IMMEDIATE CAUSE (o) This certificate shauld writing the ward crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 0 SD lost. burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? NO the certificate, YES pe 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) prior shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page please execute of work ot work 21. I certify that I taok charge af the remains described above, held an Autapsy Inspection 1 Inquiry , ar and in my apinion death resulted from Natural causes Accident Suicide | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** O'Donnell, M.D. Charles F. NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) 112/67 Holy Cross A'A Co BREWGVAT Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25o. REC'D BY REGISTRAR VR A15ME (5) McCully F H 237 Patansco Ave 21225



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_	Bal	timore			RYLAND		Md.		Bal timo	
	b. CITY OR TOWN write RURAL en	(if outside corporate I	limits,	c. LENGTH OF S	TAY IN 1b	c. CITY OR TO	OWN (If outside c	orporata limits, wri	te RURAL end give	nearast to
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13	. FATHER'S NAME					4. MOTHER'S M				
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z		ER SIGNIFICANT CON	(c)NDITIONS CO	NTRIBUTING TO DE	ATH BUT NOT	RELATED TO THE	TERMINAL DISEA	SE CONDITION G	IVEN IN PART 1(a)	19. WAS
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IFIC/	20a. ACCIDENT V	WAS UNDERLYING	7 20b. D	ESCRIBE HOW INJUR	RY OCCURRED.	(Enter natura of i	niury in Part I or F	art II of itam 18.)		1.00
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8	20c. TIME OF INJ		1	. INJURY OCCURRED) 20a, PLACE	OF INJURY (Hor	ne. ferm. ! 20f. [City or town)	(County)	
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MEDICAL CEI									196, 1,	
	21. I certify	that (I) (this her								
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	21. I certify					eath occurred	at//P.M., fr	om the causes		
	21. I certify saw the decea 22e. SIGNATURE	ased alive on				ATTENDING PHYS.	MED. DIRECTOR	om the causes		
	21. I certify saw the decea 22e. SIGNAPURE	ased alive on	L'Am	19	and that de	ATTENDING PHYS. [MED. MED.	om the causes	and on the c	2-3/
MEDICAL	21. I certify saw the decea 22e. SIGNAPUTE 22c. PHYSICIAN NAME (Typ	ased alive on JOH	LAM.	SHAW	and that do	ATTENDING PHYS. [22d. ADDRES	MED. MED. SISS BOO Edm	om the causes STAFF PHYS.	Ave. Ba	2-3/ 1 to.
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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RE W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Whare daceased lived, If institution Residence before admission) a. COUNTY b. COUNTY 474 MARYLAND b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town writa RURAL and give nearest tow d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give streat address) a. IS RESIDENCE ON A FARM? YES NO NAME OF Yaar 72 DECEASED OF McCarrick (Type or print) DEATH 10 196 7 6. COLOR OR RACE 7. MARRIED IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR last birthday) Months Days Hours USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? most of werking life, even if retired) please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 gr unkown) | (If yas give war or datas of servical 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Service alar IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiata cause DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO -20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, ; Month, Day, Yaar 20f. (City or town) (County) (State) Not Whila factory, street, offica bldg., etc.) While Hour a.m. at work at work (an. 10 18 ... that (1) (wa) last to.... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY (Stata) EMOVAL (Spacify) 는 얼 0 ouriel 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61

ARYLAND STATE DEPARTMENT OF HEALTH

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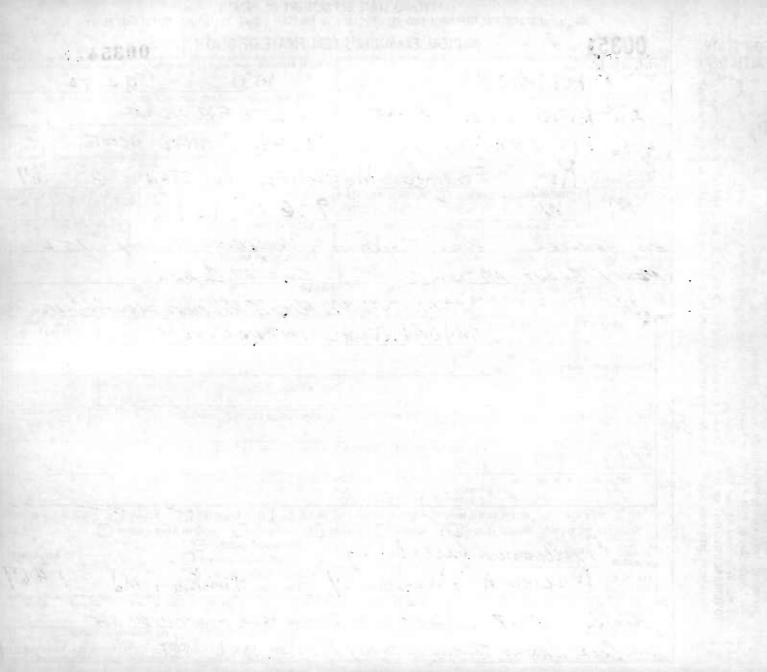
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00350 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Sician and completely filled in by the funerol pleose remove corbon papers. Pages I and PLACE OF DEATH BALTIMORE o. COUNTY o. STATE b. COUNTY MARYLAND MARYTAND event, within 72 hours after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 48 DAYS BALTIMORE FORT HOWARD IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 4809 ALTHEA AVENUE VETERANS ADMINISTRATION HOSPITAL NO P YES 3. NAME OF 4. DATE M1/10/67 Year CARTER DECEASED MATTHEW OF 19 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE WHITE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED (grithday) Manths Days MALE 12/26/86 ond in ony WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast af working life, even if retired) INDUSTRY **COUNTRY?** U.S.A. GENERAL ENGINEER PENNSYLVANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELIZABETH CLARK MATTHEW MC CARTER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates af service) cremation, or 212 26 30 24 CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD. WW I YES INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

MYOCARDTAL signed by the burial-tronsit p RECENT DEADLI MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physicion. **MONTH OF** UNKNOWN CARCINOMA OF RECTUM Canditians, if any, which gave rise to immediate cause (o). DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been prior to far use os the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES X 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the Stote Dept. 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. factory, street, affice bldg., etc.) Not While at wark ot work 1/10/67 11/23/00 21. I certify that A (this haspital) attended the deceased fram_ 19 and that death accurred at 6:45 AM fram causes and an the date stated above. 1/10/67 saw the deceased alive an_ 22b. DATE SIGNED 22g. SIGNATURE MED. DIRECTOR ATTENDING STAFF PHYS. 1/10/67 M.D. PHYS WAH'S FORT HOWARD, MARYLAND 22c. PHYSICIAN'S GEORGE C. MCELFATRICK, M. D. NAME (Type) 23b. DATE THEREOF 1/12/67 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) BALTIMORE, MARYLAND LOUDEN PARK NATIONAL REMOVAL (SACRIFY) **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR RUCK FUNERAL HOME HARFORD ROAD, BAITIMORE, MD. lianeles VR A15 (4) 20 M 1/66 Leonard J

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00351 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o STATE b. COUNTY 0 PM3. Page MARVIAND ond 3 Deportment b. CITY OR TOWN (If autside carparate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) 3 INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form hours Give Pages YES NO ofter deoth. NAME OF Middle DATE with the Sto within 72 I First Day Year DECEASED OF 19 (Type ar print) DEATH IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED hist birthdoy) Manths Days Haurs WIDOWED event tem 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast of working life, even if retired) COUNTRY AUD Exominer's MANAGER 13. FATHER'S NAME MOTHER'S MAIDEN NAME _ File and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT be executed permit. (Yes, na, grunknawn) (If yes give war ar dates of service removol pending" WIEL 2406 FOX (HAPEL CAUSE OF DEATH (Enter only one couse per lig INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (a) word cremation, DUE TO Canditions, if any, which gave (b) rise ta immediate cause (a), DUE TO certificate 0 stating the underlying cause used os burial, a 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? certificate, YES NO 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) prior shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Manth, Day, Year (County) (State) factory, street, office bldg., etc.) Nat While moy be retained for your FUNERAL DIRECTOR: Page pleose execute at wark designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my opinion director. death resulted fram: Suicide Natural causes L Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral O DEPUTY 5 moy be TO FUNERAL Health or i **EXAMINER'S** Address (Street, city, lowit, D. Moute) NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) INTON, BURIAL 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) 1967 JAN TOWSON 1050 YORK KD 21204ATE 6M 1/66

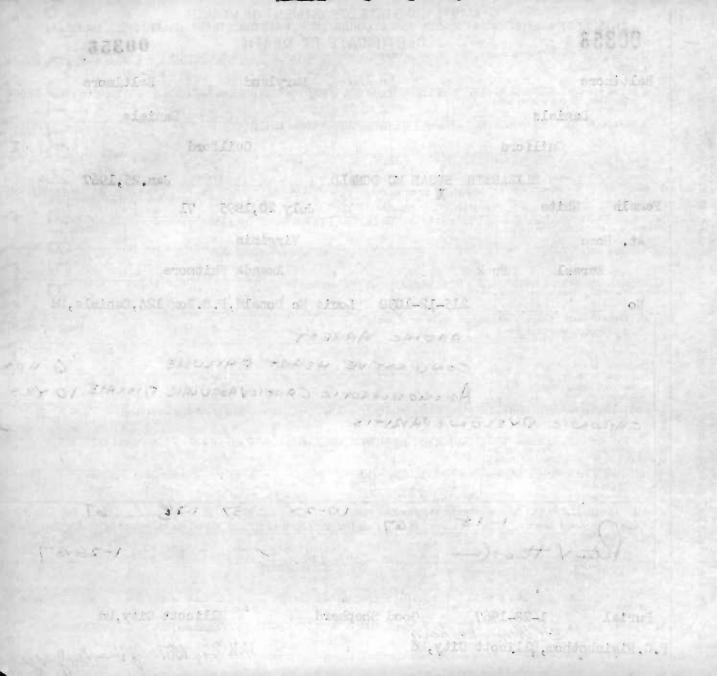
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00352 CERTIFICATE OF DEATH signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then, please remave carban papers. Pages 1 and 2 burial, cremation, or removal, and in any event, within 72 haurs after death. law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Prince George's Baltimore MARYLAND b. CITY OR TOWN (If outside corporote limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write RURAL ond give necrest town)
Catons ville lvrllmth2ldys College Park d STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) GROVE STATE HOSPITAL 7510 Wellesley Drive SPRING YES NO NAME OF First Lost 4. DATE Month Year DECEASED McDevitt 19 67 Charles January NIMROD DEATH (Type or print IF LINDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED gs birthdoy) Months Dovs Hours Nov. 30. 1888 male white WIDOWED 11. 8IRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? Ohio accountant 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Me DeviTT Charles A. Flora Whalen 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, or upknown) (If yes give wor or dotes of service 705-05-4899 Records: SPRING STATE HOSPITAL GROVE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Acute heart failure IMMEDIATE CAUSE (o)_ DUF TO Arteriosclerotic heart disease Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse the hospital or attending this certificate has been use as the lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO Infected ulcers of buttocks 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. O FUNERAL DIRECTOR: After O HOSPITAL OR ATTENDING Page 4 may be retained by 19.65-to Jan. 3, 19.67 that (we) last 21. I certify that (1) (this hospital) attended the deceased from Jan. 12 sow the deceased olive on Jan. 3 _167_. and that death accurred at M, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE 1-3-67 22d. ADDRESS SPRING 22c. PHYSICIAN'S Stella Wachsler, M.D. NAME (Type) Baltimore, Maryland 21228 director, shauld 230. BURIAL, CREMATION, BEMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) MEMORIAL PARK 2So. REC'D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4)

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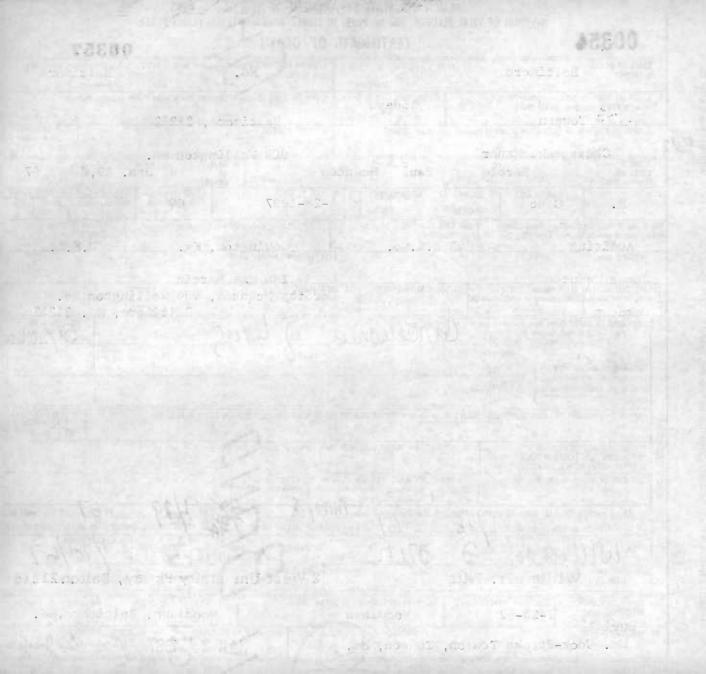
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 00353 CERTIFICATE OF DEATH funeral and 2 death. 00356 death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 b. COUNTY Maryland 24 hours after Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Page within 72 hours a write RURAL and give nearest town) E Daniels Daniels filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Guilford Guilford NOK executed within n any event, with completely NAME OF First Middle DATE Last Month Day Year DECEASED (Type or print) DEATH ELTZABETH STISAN MC DONALD Jan. 25 1967 19 6. CDLDR OR RACE 7. MARRIED X DATE OF BIRTH 8. AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months | Days Hours and Female White WIDOWED DIVORCED July 20,1895 7110a. USUAL OCCUPATION (Give kind of work done) physician n please r 10b. KIND DF BUSINESS DR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY and COUNTRY? At. Home Virginia removal, 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Ezrael Amanda Whitmore Funk transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) 215-12-1030 Louis Mc Donald, P. O. Box 124, Daniels, Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN signed by urial-transit ONSET AND DEATH I. DEATH WAS CAUSED BY: the hospital or attending physician. CARDIAL ARREST IMMEDIATE CAUSE (a) has been signe e as the burial-t prior to burial, DUE TO CONGRESTIVE HEART FAILURE Conditions, If any, which 4123 (b) rise to immediate DUE TD cause (a), stating PREPLO SCLENOTIE CARDIOVASCULAR DISEASE underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY certificate had for use of Health p ICAT PERFORMED? PYELDNERHRITIS YES NO -20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) tached 1 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work FUNERAL OIRECTOR: Af director, page 3 should I hould be filed with the S 21. I certify that (I) (this hospital) attended the deceased from \ 0-25 . 1957. to 1-12 1961, that (I) (we) last saw the deceased alive pn. and that death occurred at. _M, from the causes and on the date stated above. GIGNATURE 22a. DATE SIGNED STAFF Page 4 may b M.D. DIRECTOR PHYSICIAN'S 22c. 22d. **ADDRESS** director, p NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREDF 23c. NAME DE CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Ellicott City, Md Good Shepherd Burial ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A.15 (4) .C. Higinbothom, Ellicott John Judge 20M 1/65



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00354 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Can and campletely filled in by the funeral fease remove carban papers. Pages 1 and and in any event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
o. STATE Md. Baltimore Baltimore o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Towson Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO L 904 Wellington Rd Chesapeake Manor NAME OF DATE Harold Lost Month Jan. Yeor 67 Paul McEntee 19.斯 DECEASED 19 (Type or print) DEATH 9. AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 4-28-1897 IF UNDER 1 YEAR NEVER MARRIED Cauc los (bothdoy) Months M. Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Auditing B&O R.R.Co. Covington, Ky.

14. MOTHER'S MAIDEN NAME U.S.A 13. FATHER'S NAME attending phys cremation, ar remaval, James McEntee Ida Mae Martin Dorothy McEntee, 904 Wellington Rd. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) permit. Unknown Baltimore, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (a) -transit PART 1. DEATH WAS CAUSED BY: signed by t IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO tar use as the l Health priar tab stoting the underlying couse has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While **DIRECTOR:** After ot work 21. I certify that (1) (this hospital) attended the deceased 19 6 / that (I) (se) last director, page 3 shauld shauld be filed with the saw the deceased alive on. and that death occurred at M, from causes and on the date stated above. 22b. DA 220. SIGNATURE E SIGNED STAFF PHYS. MED. DIRECTOR M.D. West Uni ersity Pkway, Baltoo 21218 O FUNERAL NAME (Type) William Fr. Fritz shauld 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, REMOVAL (Specify) Woodlawn, Baltimore, Md. 1-23-67 Woodlawn 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR, 2Sb. REGISTRAR'S SIGNATURE Melanely VR A15 (4) Wm. Cook-Brooks Towson, Towson, Md. 1967 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		00333	CERTIFICATE	OF DEATH	00358
		LACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution	
	0	Baltimore	MARYLAND	o. STATE b. COUNT	Cecil Co.
ı	b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporote limits, write RURA	L and give nearest tawn)
l		Catonsville	2yrs8ms.5dys	/E/New Market/ Elktor	
ŀ	d	. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS 265 Mackall St	e. IS RESIDENCE
I		Spring Grove State Ho	spital	/Stringdale/Nursing/Home	
ŧ	3. N	IAME OF First	ANNA Middle	Last 4. DATE Month	Day Year
ı		ECEASED Type or print) Molli		Ickenney OF DEATH Jan.	
ŀ	S. S			B. DATE OF BIRTH 9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
I	Tr.	emale White	WIDOWED DIVORCED	1892 10-7-1891 lost birthdoy) yrs.	Months Doys Hours Min.
ľ	10o.	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT
I	durin	ng most of working life, even if retired)	HOME	ELK NECK, MD	COUNTRY?
ł	13.	FATHER'S NAME	7,0111	14. MOTHER'S MAIDEN NAME	
1	1	HARLES M. J	TONES	MARGARET E. D	Alle
Ì		WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT Address	77013
	(Yes	(If yes give wor or dotes of se	219-54-3233 Re	cords: Spring Grove State	Hospital
ŀ	T	1B. CAUSE OF DEATH (Enter only one couse p		pring of the branch	INTERVAL BETWEEN
1		PART I. DEATH WAS CAUSED BY:	Peritonitis, g	eneralized	20NS AND DEATH
1	-	570, 3 IMMEDIATE CAUSE (o).			
ı		Conditions, if ony, which gove) (b)	volulus		2 days
1		rise to immediate couse (o), Stating the underlying couse			
1		lost. (c)	megacolon and	fecal impaction	1 month
1	_	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
1	10				YES NO
1	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 1B.)	
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
1	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor		CE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
1	MED	Hour o.m.	While of work Of the otwork of the otwork of the otwork	tory, street, office bldg., etc.)	
1	ı	21. I certify that (I) (this haspite	al) attended the deceased fram	-19-64 , 19 , to 1-24-67	, 19, that (25 (we) la:
		saw the deceosed alive on 1-	24-67 19 , and the	t deoth occurred at 2:20 M, from causes a	nd on the date stoted abov
1		220. SIGNATURE	Mariallela	ATTENDING MED. STAFF	22b. DATE SIGNED
1		(MMM)	JU JUNIOUS III M.	D. PHYS. L. DIRECTOR L. PHYS. L.	1-24-67
1		22c. PHYSICIANS NAME (Type) Anthon	T VALLE N.D.	22d. ADDRESS Spring Grove St	tate Hospital
Į				Catonsville, Marylan	1 21228
ſ	230.	BURIAL, CREMATION, 23b. DATE THEREO			
		REMOVAL (Specify) 1-26-		NETH. NORTH EAST	
1	24	FUNERAL DIRECTOR AND THE	ADDRESS		STRAR'S SIGNATURE
)	EL	NETAL / Tay CA.	Cround HORT	A EAST DATE JAN 27 1967	Michaeles Judge

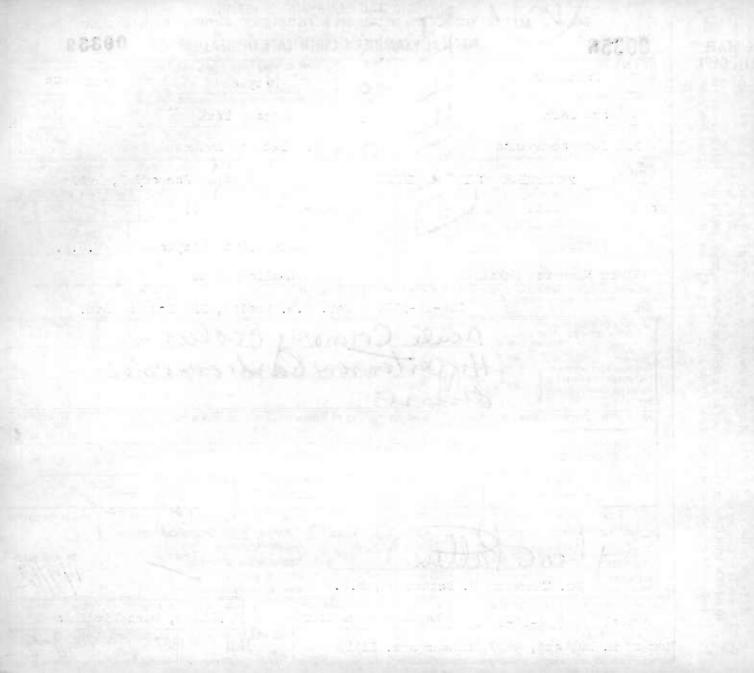
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retoined by the hospitol or attending physician.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00359 00356 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. CDUNTY Baltimore ny delay is 2, and 3 ta PM3. Page o. STATE b. COUNTY Raltimore death. Maryland af MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)

Chesaco Park c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1h after Chesaco Park 7 d. NAME DF HOSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE Del hours alang with farm ON A FARM 351 Potomac Avenue 351 Potomac Avenue Item 18. Give Pages ate YES NO X after death. 3. NAME OF Middle Last 4. DATE Year DECEASED the January 7, 1967 within / FREDERICK GUY MCMILLEN (Type or print) DEATH 19 with 1 S. SEX 6. COLDR DR RACE DATE OF BIRTH AGE (In years 7. MARRIED IF UNDER 24 HRS. NEVER MARRIED birthday) 4-19-1889 Manths Doys Hours Ma le White WIDDWED DIVDRCED hours event 10a. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN DE WHAT during mast af warking life, even if retired)

Retired INDUSTRY CDUNTRY? U.S.A. d 'pending' in pencil in Chief Medical Examiner's Kitzmiller, Maryland pages 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME This certificate shauld be executed within Elmer Elsworth McMillen Luella Milles IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 236-18-5227 Rev. C.W. Whalen, 351 Potomac Ave. pern remov 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY DNSET AND DEATH P IMMEDIATE CAUSE (a) writing the ward crematian, DUE TO Conditions, if any, which gave p rise ta immediate cause (a). DUE TO stating the underlying cause 0 forwarded last. SD burial, 19. WAS AUTDPSY PERFORMED? PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) please execute the certificate. YES ND designated agent, priar ta 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature af_injury in Part | or Port || of item 18.) 3 should PRIMARY ar CONTRIBUTING CAL EXAMINER: CAUSE OF DEATH 20c. TIME DF INJURY Manth, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Hame, farm, (City or town) (Caunty) (State) Haur a.m Nat While factory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I taak charge of the remains described abave, held an Autapsy Inspection 1 Inquiry and in my apinian the funeral directar. death resulted fram: Suicide | Natural (causes Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY P DEPUTY MEDICAL EXAMINER **EXAMINER'S** Dr. Theodore C. Patterson, M.D. Health NAME (Type Address (Street, city, town, ar caunty) 23o. BURIAL, CREMATION 23b. DATE THERED F 23c. NAME OF CEMETERY DR CREMATDRY 23d. LDCATIDN (City or Town) (County) (State) 0 REMOVAL (Specify)
Burial Maplewood Cemetery Elkins, West Virginia 1-10-1967 1967 REGISTRATE SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR Howard H. Hubbard, 4107 Wilkens Ave. 21229 VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Items 13.14 Film G384 17767 mh

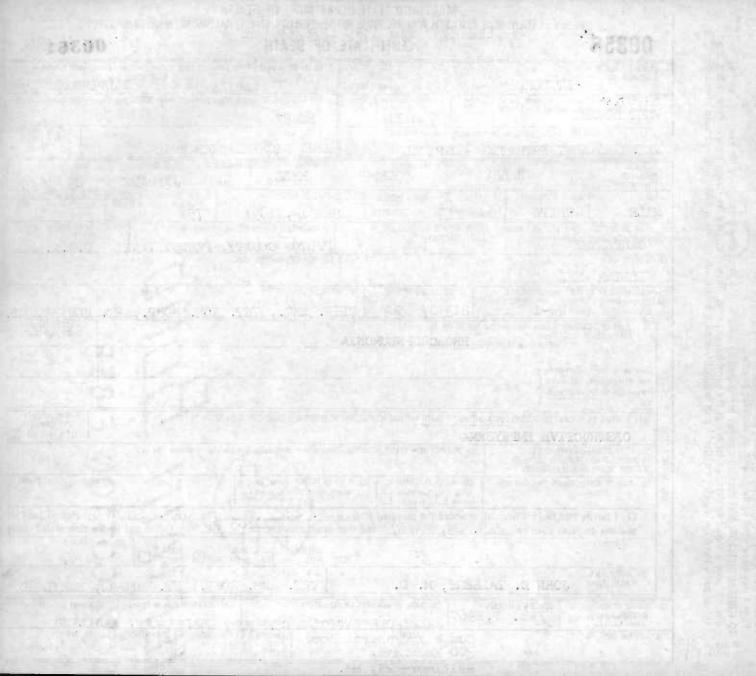
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00360 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY PM3. Page Baltimore of 0 MARYLAND Maryland and 3 1 b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)

Catonsville c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 hours Shangrila Nursing Home 52 E. 26th Street Item 18. Give Pages YES NO [ofter death. 3. NAME OF Middle 4 DATE Day Year DECEASED the 19 67 L. MEEKS 14 EMMA January (Type or print) DEATH with AGE (In years IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs hours Female White WIDOWED DIVORCED July 4, 1881 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working lite, even if retired)
HOUSEWIIE **INDUSTRY** COUNTRY? 24 Maryland ⊆ This certificate should be executed within word "pending" in pencil the Chief Medical Examing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lucretia Margaret Harris Joseph Trader File puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give, war or dates af service) 17 INFORMANT 16. SOCIAL SECURITY NO. cremation, or removol, 212-01-8333 Miss Janet L. Meeks same address INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Bronchopneumonia icate, writing the word be forworded to the Ch Canditians, if any, which gave (b) Right Acute Pyelonephritis. rise to immediate cause (a), DUE TO stoting the underlying couse 0 00 buriol, (last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES X the certificate, NO its designoted ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or town) (Caunty) (State) factory, street, affice bldg., etc.) Hour o.m. may be retained for your FUNERAL DIRECTOR: Page at wark please execute 21. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection | Inquiry ond in my opinion Natural couses X. the funeral director. deoth resulted from: Accident Suicide | Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health or i necessary, DEPUTY MEDICAL EXAMINER 1/15/67 **EXAMINER'S** Charles S. Petty NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 50 REMOVAL (Specify) Loudon Park Cemetery 1/17/1967 Baltimore, Maryland 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00358 CERTIFICATE OF DEATH 00361 executed within 24 haurs after death. and 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) campletely filled in by the funera 1. PLACE OF DEATH b. COUNTY BALTIMORE o. COUNTY o. STATE BALTIMORE MARYLAND MARYLAND b. CITY OR TDWN (If outside corparate limits, c. LENGTH DF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORTH RURAL and give nearest town) 7 DAYS ESSEX papers. hin 72 ha e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1621 RICKENBACKER ROAD VETERANS ADMINISTRATION HOSPITAL YES NO X 3. NAME OF 4. DATE Middle J OHIN HARRY Lost MELL Month Doy Year remave carban DECEASED (Type or print) JANUARY 67 19 DEATH S. SFX 8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours MALE WHITE JUNE 14. 1891 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. 8IRTHPLACE (County & Stote, or foreign country) during most of working life even if retired) INDUSTRY COUNTRY? FULTON COUNTY, PENNSYLVANIA requires that the death certificate II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM MELL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 213 07 CLIN. REC., VET. ADM. HOSP., FT. HOWARD 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY BRONCHOPNEUMONIA IMMEDIATE CAUSE (o) signed by DHF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 4 may be retained by the haspital ar attending has been as the 19. WAS AUTD PSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Health p CERTIFICATION OBSTRUCTIVE EMPHYSEMA NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (X (this haspital) attended the deceased fram JAN. 22 19 67, to JAN. 29, 19 67, that (X (we) last saw the deceased alive on JAN. 29. 1967, and that death accurred to 5 PM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. 1 30 67 M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) JOHN D. TALBERT, M. D. VET. ADM. HOSP., FT. HOWARD. MARYLAND director, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, (County) Feb. 1,1967 BALTIMORE NATIONAL CEMETERY BALTIMORE. MARYLAND 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Connell ADDRES uneral Home Milarles VR A15 (4) 1967 300 Mace Ave. 20 M 1/66

Baltimore 21. Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ician and campletely filled in by the funeral lease reviewe carban papers. Pages 1 and 2 and income event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. 1 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 shauld be detached far use as the burial-transit permit. Then pleas shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, an

VR A15 (4) 20 M 1/66

Page 4 may be retained by the haspital ar attending physician.

	o. COUNTY	Baltimore	MARYLAND	o. STATE Mar	yland b. COUNTY	Baltimore			
	b. CITY DR TDWN write RURAL o	(If outside corporate limits, and give nearest town) Parkville	c. LENGTH DF STAY IN 16	c. CITY DR TDWN (If	outside corporote limits, write RURAL Baltimore	ond give neorest town) 434 /3./			
0	d. NAME OF HOSI	PITAL OR INSTITUTION (If not in h 3108 DuBois A		d. STREET ADDRESS	3108 DuBois Aver	e. IS RESIDENCE ON A FARM? YES NO X			
	3. NAME OF DECEASED (Type or print)	First EDITH	Middle O. MEN	Lost EFEE	4. DATE Month OF January	Day Year 13, 19 67.			
	s. sex Female	1.70	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Sept. 3, 18	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 HRS. Nonths Doys Hours Min.			
ij		ON (Give kind of work done no life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		ty & Stote, or foreign country) yland	12. CITIZEN OF WHAT COUNTRY? USA			
	13. FATHER'S NAME	Joseph P.	Sweglar	14. MOTHER'S MAIDE	14. MOTHER'S MAIDEN NAME Judith T. Murphy				
N	1S. WAS DECEASED E (Yes, no, or unknown	VER IN U.S. ARMED FORCES? (If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 17 216-01-0885B	. INFORMANT r. Ernest L	Address Menefee,	(Same)			
	Conditions, if o	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), storing the underlying couse DUE TO DUE TO DUE TO							
3	PART II. OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO							
	OR CONTRIBUTI	20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	20c. TIME OF I	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of twork of twork of twork of twork of two							
	sow the								
1	22c. PHYSICIA NAME (Ty		H Bunns	22d. ADDRESS	11 1 2 2 2	d.			
0	230. BURIAL, CREMA REMODYAL SEPTE			or CREMATORY Morial Ceme	23d. LOCATION (City or Town) tery Baltimon				
3	24. FUNERAL DIRECT		ADDRESS Balto. Md. 21214			TRAR'S SIGNATURE			

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(mark) - 1 - Arthur I amort all aparagraphs	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH the funeral ges 1 and 2 after death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, —welte RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) on papers. Pag within 72 hours hours 10W SOY TIMOB Ξ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? etworth NO V YES completely ove carbon p NAME OF DECEASED Middle Last 4. DATE Month Day Year event, BOND 26 (Type or print) ERRIT DEATH 19 5 SEX 6. COLOR OR RACE DATE OF BIRTH attending physician and con rmit. Then please remove 7. MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | Iast pirthday) | Months | Days | Hours | Min. NEVER MARRIED Months Days Hours WIDOWED = 16a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? and INDUSTRY LIS HOME Wa. Lo. that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal o all on 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service this certificate has been signed by the attend letached for use as the burial-transit permit. Dept. of Health prior to burial, cremation, or n 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) A. BOND OVERBROOK MERRITT, 609 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the Page 4 may be retained by the hospital or attending physician. rdio rest iralor IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO K 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) detached MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour e.m. After While Not While at work at work p.m. P director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 19 67. 19 6 1, that (I) (we) last and that death occurred at 330kM, from the causes and on the date stated above. 196 saw the deceased alive on. 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. STAFF PHYS. LOW M.D. 22c. PHYSICIAN'S 22d. ADDRESS KOQUE NAME (Type) 6BM BURIAL, CREMATION, 23b. DATE THERE REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial Lawn FUNERAL DIRECTOR REGISTRAR'S SIGN H.W.Jenkins 28 Sons

(4) VR AIS 20M 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacassed livad, If institution: Residence before admission) 24 hours e. COUNTY b. COUNTY the day Baltimore Maryland MARYLAND and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give naarast town) Filled in Pages 1 hours after Owings Hills Baltimore executed within yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? papers. n 72 hou completely 344 East 231/2 Rosewood State Hospital YES NO 3. NAME OF Middla 4. DATE Year DECEASED OF within (Typa or print) DEATH Gordon MICKENS 196 carbon 6. COLOR OR RACE and B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED TO last birthday) Months Male WIDOWED DIVORCED Negro physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stata, or foraign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratirad) U.S.A. Baltimore, Maryland Dependent none `⊆ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ple Catherine Logan Charles Mickins Then requires that the removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgivewarordatasofsarvica) **DIRECTOR:** After this certificate has been signed by the 3 should be detached for use as the burial-transit permit. Rosewood Records, Owings Mills, Maryland the hospital or attending physician. 18. CAUSE OF DEATH [Enter only ona couse par lina for (a), (b), and (c).] 5 NSET AND DEA PART I. DEATH WAS CAUSED BY, cremation, IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gava risa to immediata causa DUE TO (a), stating the undarlying for use as t PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION PERFORMED? YES X NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part I or Part II of item 18.) of Health OP. CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (State) factory, streat, office bldg., atc.) Not Whila Hour a.m. at work at work 21. I certify that (i) (this hospital) attended the deceased from ARRA 15..., 1958, to Mark 17..., 1967., that (i) (we) last page 3 swith the 22a. SIGNATURE 22b. DATE ATTENDING SIGNED HOSPITAL FUNERAL DIRECTOR PHYS. Page 22c. PHYSICIAN'S 22d. ADDRESS director, pe filed v Harvey M. Solomon, M.D. ROSEWOOD STATE 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) Rosewood Cemetery Owings Mills, Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Reisterstown, Md.

Charles

VR A15 (4) 20M 5-63

J. F. Eline & Sons

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11- 1	Item 21 F:	11m 385 1-23. DIVISION OF V	-67MARYLAND STATE DE ITAL RECORDS, 301 W. PREST	PARTMENT OF HEAI ION STREET, BALTIMOI	TH RE, MARYLAND 21201			
FOR STATE	00362		MEDICAL EXAMINER'S			00365		
HEALTH DEPT.	I. PLACE OF DEATH O. COUNTY Bal				2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) b. COUNTY Marvland Baltimore			
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		OR INSTITUTION (If not in bosephs XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		d street address 913 Dulaney	7 ValleyCourt	e. IS RESIDENCE ON A FARM? YES NO		
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executed inding" in Medica F i permit. P	Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of serv WW — 1	Ed.	w. J. Miller	204 Brache 111 Luthervi	enwood Court lle,Md. 21093		
	1B. CAUSE OF DE PART I. DEAT	ATH (Enter only one couse pe H WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), and (d)	quelas	y taclus	INTERVAL BETWEEN ONSET AND DEATH		
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MINER: This the certificate, a should be far tiles. I should be u shauld be u atian, ar remaintain, ar remainta	PRIMARY Or COI	ITRIBUTING 🗆	20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)		
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KAL texector. Present far. Present far. Present far. Present far. CTOR:	death result	that I took charge of ed fram Natural ca	the remains described abave, luses Accident, Su	ricide Hamicide	, Undetermined ma	ry, and in my opinian nner		
4	ACTUAL SIGNATURE	Thoules to	Thoundle		AL EXAMINER EXAMINER EXAMINER	22. PATE SIGNED		
O DEPUTY I necessary, p the funeral of 5 may be re 6 FUNERAL Health priar	NAME (Type)CT		DONNELL, M.D.	Address (Street,	city, town, or county) 23d. LOCATION (City or Tow	//0/67 n) (County) (Stote)		
0 = = 0 H	BUTAT (Specify	1-13-67	Dulaney Vall	ey Cemetery	Cockeysville	, , , , , , , , , , , , , , , , , , , ,		
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DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND ALTO. TO. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) RURAL and give nearest tawn) ATONSVILLE 000 LAW d. NAME OF HOSPITAL (If nat in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? URSING YES NO UMMT NAME OF Middle DATE Month Year DECEASED (Type or print) DEATH 19 (0) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost-birthdoy) Months Days WIDOWED . DIVORCED [10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. SAME HS 2-d 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES INO D 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (State) (Caunty) foctory, street, affice bldg., etc. Hour a. m. While Nat while ot wark at work p. m 21. I certify that (I) (this hospital) attended the deceased fram. __, that (I) (we) last saw the deceased alive an , and that death accurred (at A.M. from the causes and on the date stated above 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR [22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, ar county) (Stote) REMOVAL (Specify) 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR DATE

TO FUNERAL VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. CDUNTY a. STATE Maryland b. COUNTY after Baltimore Baltimore after by the Pages 1 MARYLAND c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b rs. Pag. hours Dundalk 21222 vears Dundalk .⊆ e. IS RESIDENCE DN A FARM? filled d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ve carbon papers event, within 72 School Avenue 7433 School Avenue YES NO X executed within completely DATE Month Day Year 3. NAME DE Middle Last DECEASED DEATH (Type or print) HOMER ANDERSON MOORE January AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days FUNDER 24 HRS 5. SEX 6. CDLDR DR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED any June white male WIDDWED DIVDRCED T 10a. USUAL DCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) = ease and ir COUNTRY? Baltimore.Maryland Steel USA Foreman certificate 14. MDTHER'S MAIDEN NAME removal, 13. FATHER'S NAME Sarah Hitchcock Joel J. Moore cremation, or 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) death 215-07-2148 Helen Pasek Moore, same as yes INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] DNSET AND DEATH been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: (PRIMARY UNCERTAIN) PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) MOS DUE TD Conditions, if any, which (b) gave rise to immediate DUE TD cause (a), stating underlying cause last. (c) as WAS AUTDPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION for use Health p PERFORMED? certificate ND TY YES [20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING I of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) FUNERAL DIRECTOR: After this MEDICAL (County) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING be retained by at work at work 1966, tp /-3/ 1967, that (1) (we) last 21. I certify that (I) (this heepital) attended the deceased from 11-9 3 should with the 1967, and that death occurred at 2 P.M, from the causes and on the date stated above. saw the deceased alive pn. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. MED. page M.D. 22d. ADDRESS 22c. PHYSICIAN'S director, p NAME (Type) 819 Sexton, MD. Park Avenue. Baltimore.Md. Carlton L. 23d. LDCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) Druid Ridge Cemetery Baltimore, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Bradley.Inc., Dundalk, Md. VR A15 (4) 15M 4-64

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00367 CERTIFICATE OF DEATH ertificate be executed within 24 haurs after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY Baltimore o. STATE Maryland o. COUNTY Baltimore ician and campletely filled in by the fur lease remave carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest town) c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 5 mths. Cockeysville Towson d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol, give street address) IS RESIDENCE ON A FARM? Armacost Nursing Home Holly Hill Farm 21030 YES X NO NAME OF Middle Last 4. DATE Manth Day Year DECEASED (Type or print) MARY MORGAN 17 1967 January DEATH S. SEX AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X 8. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Days White Female WIDOWED Sept. 2, -82 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most af warking life, even if retired)
Housewife COUNTRY? U.S.A. INDUSTRY Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, George Goebel Marie Hotz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death permit. (Yes, no, or unknown) I(If yes give war or dates af service) the atten 219-12-6874 Armacost Nursing Home Regester Ave. 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Page 4 may be retained by the haspital ar attending physician. A. SC.V. DISERSE DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause has been ed far use as the af Health priar ta last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION MELLITUS NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City ar tawn) 20c. TIME OF INJURY Manth, Day, Year (Caunty) (State) **FUNERAL DIRECTOR:** After this Haur a.m. Not While factory, street, office bldg., etc.) at wark at work 21. I certify that (I) (this hespital) attended the deceased from SETT. 1 AN , 17, 1967, that (1) (we) last director, page 3 shauld shauld be filed with the saw the deceased alive on 1 RM, 17 1967, and that death accurred at 9 36 M, from causes and an the date stated above. 22a. SIGNATURE STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 1537/ARYENWIEOD RD. 22c. PHYSICIAN'S NAME (Type)Dr. Arthur Karfgin Northwood Shopping Center 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) 1-17-67 Baltimore National Cem. Baltimore 0 Maryland ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S, SIGNATURE 24. FUNERAL DIRECTOR Miarles 1967 Wm. Cook-Brooks Towson Inc. 1050 York Rd. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00372

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1.	PLACE OF DEAT a. COUNTY	Н				CE (Where	deceased lived, If inst		idence be	fore admissio
	Bal	timore	MARYLA	ND	a. STATE Virg	inia	b. COUN	Gre	en	
	b. CITY OR TOW	N (if outside corporate lim	its, c. LENGTH OF STAY I		c. CITY OR TOWN (II		orporate limits, wri			earest town
	Dundal		2 Weeks		Quinqu	e		1	72	2
	d. NAME OF HO	SPITAL OR INSTITUTION (if	not in hospital, give street add	ress)	d. STREET ADDRESS				e. I	S RESIDENC
_		. Monica Drive	9		Rural					N A FARM?
3.	NAME OF DECEASED	First	Middle		Last	4. DATI			Day	Year
	(Type or print)	Lizzie	E.		Morris	DEA	H January		26	1967
5.	SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED		B. DATE OF BIRTH	- !	9. AGE (In years last birthday)	IF UNDER 1		
F	emale	White w	DOWED DIVORCED		12/26/93		73 yrs.	Months	Days H	lours Min
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13	. FATHER'S NAM				1 14. MOTHER'S MAIL	DEN NAME		1	. 5.	n.
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	PART I DEATH WAS CAUSED BY.								ONSET.	AND DEATH
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1	20a. ACCIDENT	203 ACCIDENT WAS INDERLYING 1 20h DESCRIBE HOW INHIPY OCCUPATED (Finder nature of Inhury In Part Lor Part II of Itam 18)								
CER	OR CONTRIBUTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	20c. TIME OF	INJURY Month, Day, Year	20d. INJURY OCCURRED 20	e. PLA	CE OF INJURY (Home, fa	arm.1 20f.	(City or town)	(Coun	tv)	(State)
MEDICAL	Hour a.r	m.	While Not While		ry, street, office bldg., e		(019)	(0.000	"	(-1111)
X	p.1		at work at work	**		12	- 02	,	m	
			attended the deceased fro							
		ceased alive on 1-2	19 67, an	d that	death occurred at	3.00, 1	rom the causes			
	22a. SIGNATU	RE / a T	-1		ATTENDING	MED.	STACE		TE SIGNE	
	Cr.	M.D. PHYS. DIRECTOR PHYS. 1/20/01								
	22c. PHYSICIA NAME (T		Thomason M	D	22d. ADDRESS	307 3	33 D4 D	2-71	25.3	
		Charles E.	THOMPSON M.	D.	2903 W.	MOOGA	ell Rd. Du	indalk	MIC	•
23	BURIAL, CREM REMOVAL (Spo	ATION, 23b. DATE THERE	OF 23c. NAME OF CEM	ETERY	OR CREMATORY	23d.	LOCATION (City, to	wn or coun	ty)	(State)
	Burial	1/29/67	Ruckersvil	le (Cemetery		Ruckers	ville	. Vin	rginia
24	. FUNERAL DIRE	CTOR	ADDRESS	-	25a. RE	C'D BY REC	ISTRAR 25b. RE	GISTRAR'S	SIGNATU	JRE
	John J.	Duda, 7922 Wi	se Ave. Dundall	c, N	Id. DATE	JAN ?	27 1967	golia	rees	Judge

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death. Page to be retained by the hospital or attending physician.

TO HOSPITAL A ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page to be retained by the hospital or attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then places remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00373

	PLACE OF DEATH					2. USUAL RESIDER	VCE (Whe	ere de	ceased lived, 11 b. COUN		on: Residen	ce belore e	dmission)
	Baltir	nore		MARYL	AND	Maryl	and		Bal	tim	ore		
- 1	b. CITY OR TOWN (outside corporate limit give nearest town)	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(II outsida	согра	orete limits, writ	RURAL	and give	neerest towr)
	Relay	give nearest town)				Rela	y					03.	1
•	d. NAME OF HOSPIT	AL OR INSTITUTION (i	f not in hos	pital, giva streat addres	ss)	d. STREET ADDRESS	5					e. IS RES	
		duct Avenue				5172	Viad	uct	t Avenue			YES [FARM?
	NAME OF DECEASED	First		Middle		Last	4. DA		Monti		Dey	Year	
	(Type or print)	Dais	-	S.		Moszner	DE	ATH	Janu	lary	27	, 196	7
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B.	DATE OF BIRTH	Nitra	9.	AGE (In yaers			IF UNDER	24 HRS.
	Female	White	WIDOWE			ebruary 25,	1877		last birthday) 89 yrs.	Month	ns Deys	Hours	Min.
10a	. USUAL OCCUPATE	ON (Giva kind of work	10b. KI	ND OF BUSINESS OR I		11. BIRTHPLACE (Cou		e, or f	foreign country)	12.	CITIZEN O	F WHAT C	OUNTRY?
	Housewi	_	"			Mary!	land						
13.	FATHER'S NAME		1		1	14. MOTHER'S MAIDER							
	7 1	-	7.5						CT. A. T.				
_	John	i.		node			rgini	a	C.				
Yes	was DECEASED EVI	R IN U.S. ARMED FOR yes give war or dates of se	CES? 16.	SOCIAL SECURITY NO	17. 1	NFORMANT			Address				
	No	None			Mr.	Warner Brow	vn.	630	Murdoc	k R	oad		
T	18. CAUSE OF D	EATH [Enter only one	cause per li	ine for (a), (b), and (c).	.)			9		-		ERVAL BETY	WEEN
CERTIFICATION	Conditions, il eny gave rise to immadi (a), stating tha uncause tast. PART II. OTHER	ola cause derlying DUE TO (c)_ SIGNIFICANT CONDIT				T RELATED TO THE TERM				VEN IN F		PERFO	
_	OR CONTRIBUTING	CAUSE OF DEATH	200. 003	CKIDE NOW INJUKT O	CCOKID.	fruit neitre of injuly ii	1 7 671 1 01	renn	or new ru.,				
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	RY Month, Dey, Yee	While	Not While		CE OF INJURY (Home, le ory, street, office bldg., e		{City	or town)		(County)	(Stata)
	21. I certify th	nat (I) (this hospit	al) attend	ded the deceased	from	gan,	1962,	to	Joss.	2.7.	196.7.1	that (I) (4	last
		ed alive onQ				death occurred at 9				and o	n the dat	e stated	above.
	22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	3609 N	mo	bong	L M.	ATTENDING	MED. DIRECTOR		STAFF PHYS.	31	24 -l		DATE SIGNED
	Burial, CREMATH REMOVAL (Specify) Burial	ON, 236. DATE THER	EOF 67	23c. NAME OF CEA Lorrai		or crematory ark Cemeter			odlawn,	wn or c	ounty)	(Ste	ole)
24	funeral director	's SIGNATURE	1-1-	ADDRESS CO	the	.; mel. 250. R LPR, DATE	JAN	3 (1967 1967	GISTRA	r's signa Layle	TURE Jud	gr.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) a. COUNTY b. COUNTY e. STATE Baltimore MARYLAND 22 b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Towson Towson d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 103 La Paix Lane 103 La Paix Lane YES NO DATE 3. NAME OF First Lest Month Yeer Middle DECEASED January 196 Elizabeth DEATH (Type or print) Murphy 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (in yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Devs Hours May 22, 1883 WIDOWED I DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Baltimore, Maryland U. S. A. Homemaker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Myra Grey Hammond 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyes give wer or detes of service) Towson Mr. F. W. Bonhage La Paix Lane INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), stating the undarlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg., etc.) While Not While Hour a.m. at work et work , and that death occurred at 2 P.M. from the causes and on the date stated above. saw the deceased alive on DATE 22a. SIGNATURE ATTENDING SJGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S death. Page O FUNERA director, p 23c. NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Draid Ridge Pikasville. Bur Md Balto 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE nt Pa awer havely VR A15 (4)/

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00373

CERTIFICATE OF DEATH

00376

	00060				v	00 1 W					
	PLACE OF DEATH				Where deceased lived, if institut		befare admission)				
	o. COUNTY Balt:	imore	MARYLAND	o. STATE Mary	land b. COU	Bal	Lto.				
	b. CITY OR TOWN (If au	tside carparate limits,	c. LENGTH OF STAY IN 16		utside carparate limits, write RU						
	write RURAL and give		2yr6mth27dys	Baltimo	re County, Mar	rvland	03,1				
		R INSTITUTION (If nat in hasp	ital, give street address)	d. STREET ADDRESS	20 ocalio, ilas	J ALGORAGO	e. IS RESIDENCE				
	Spring G	rove State Ho	spital	7939 St.	Gregory Drove		ON A FARM? YES NOTES				
	NAME OF	First	Middle	Last	4. DATE Man	th	Day Year				
	DECEASED (Type or print)	William	S	Murray	OF DEATH Jan	nuary	6 19 67				
5.	SEX 6.	COLOR OR RACE 7. MARI		8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Do	AR IF UNDER 24 HRS. Bys Hours Min.				
M	ale	White WIDO	WED DIVORCED	9-29-92	74 yrs.	Mollins	dys Hours Min.				
	. USUAL OCCUPATION (Giving most of warking life, e	e kind of work done 10 even if retired)	ob. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel (11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZE					
13.	FATHER'S NAME	- 101	SOUTH STOCKE	14. MOTHER'S MAIDEN	NAME	1 0.0					
		Clark		Hatti	e: Tyson						
15.	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addr	ess					
(Ye	es, no, Nyoknown) (If yo	es give wor or dates af service)	213-07-8127	Records: S	pring Grove St	ate Hos	enit.el				
	IR CAUSE OF DEATH	(Enter anly ane cause per lin		itecorus. D	DITIE GLOVE DE	1400 1101	INTERVAL BETWEEN				
9	PART I. DEATH W	AS CAUSED BY:	Chronic cardiac	failure			ONSET AND DEATH				
	420.1	IMMEDIATE CAUSE (a)									
	Conditions, if ony, which gave) (h) Arteriosclerotic cardiovascular disease with										
	rise to immediate ca stating the underlying	use (a), (Dur To	old myocardial i	infarction		- 141					
	last.	(c)					1000				
	PART II. OTHER SIGNIF		ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY				
CERTIFICATION			vessel of left lo				PERFORMED? YES X NO				
IFICA	20g. ACCIDENT WAS UNI	DERLYING 20	b. DESCRIBE HOW INJURY OCCURRED.		Part I ar Part II af item 18.)						
CERT	OR CONTRIBUTING CO.	AUSE OF DEATH									
MEDICAL	20c. TIME OF INJURY	,	Od. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, for	n, 20f. (City or town)	(County	(State)				
WED	Haur o.m.	10	While Not While fac	tary, street, affice bldg., etc.							
	D.III. OI WOIN CO										
	saw the deced		n. 6 19 67, and the	at death occurred at	9:00 ta Jan. M. from causes	and on the	date stated abov				
	22a. SIGNATURE	<i>a</i> ,			a .	22b. DATE					
	No.	Sulla W	racheler M	.D. PHYS.	MED. DIRECTOR PHYS.] 1-6	-67				
	22c. PHYSICIAN'S NAME (Type)		achsler, M.D.		Spring Grove S		ospital				
230	. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or To	wn) (Ca	runty) (Stote)				
	REMONAL (Specify)	1-9-1967	Bel Air Me		Belair, M		,,				
24	I. FUNERAL DIRECTOR		ADDRESS			EGISTRAR'S, SIGN	IATURE				
		A. Dundalk. N	Maryland 21222	DATE	JAN 10 1967	Tela	ver Judge				
U	0171 00 707	TER TOTAL TOTAL T	WIT TOWARD WITHOUT	LUAIE	Ollin To Mon	11	11 11				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit Then please remove carban papers. Pages 1 and 2 should be filled with the State Dept. af Health prior to burial, cremation, ar temov of, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00374 CERTIFICATE OF DEATH 00377 deoth. requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remove corbon papers. Pages 1 ond 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ESS EX d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS EDEEWATER TERRACE YES NO E NAME OF Middle DATE Doy Year DECEASED 1967 DOHN 29 TAN DEATH (Type or print) MUTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Dovs Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done INDUSTRY COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 219-16-5351 ELIZABETH GERBER 35 TERRACE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH buriol-transit IMMEDIATE CAUSE (0) CAR DIAC DECOMPENSATION ARTERIO-SCLERDTIC HEART Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse 14 4185 O FUNERAL DIRECTOR: After this certificate hos been the DISEASE WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO for 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram APR. 22, 1952, ta JAN 29, 1967, that (I) (we) last saw the deceased alive an JANIZ 8 1967, and that death accurred at 730A M, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING 1/30/67 director, poge 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S ESSEX MOZIZZI 108 S. TRYLOR. ALE NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify)
BURIAL

24. FUNERAL DIRECTOR BALTO, MO HOLY REDEEMER 25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 300 MACE J.B. CONNELLY

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00378 00375 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 hours after death death puo and completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Balto. Co. MARYLAND Mary land Balto. Co. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Sparks 18 years Sparks, Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 Stringtown Rd. Stringtown Rd. YES | NO H 3. NAME OF DATE First Middle Last Manth Day Year DECEASED John G. Naylor DEATH (Type or print I YEAR 1F UNDER 24 HRS. S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED (ast birthdoy) Months Days Hours July 31, 1876 Male White WIDOWED * DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT U.S.A. during most of warking life, even if retired) INDUSTRY the ottending physician sit permit. Then please Balto. Co. Farmer Farming 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Naylor Levi Elizabeth E. Bull 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dotes of service) 213-50-7942 Sparks. Md. Mrs. Evelyn E. Bull No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUF TO burial, Canditians, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse priar to O FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? USe NO YES Poge 4 moy be retained by the hospitol or PHYSICIAN: for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) Nat While factory, street, office bldg., etc.) at work pe 21. I certify that (1) (this hospital) attended the deceased fram. (I) (we) last should 1967 saw the deceased alive on and that deoth occurred at M. from causes and on the date stated obove 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) M.C.Porterfield, M.D. Hampstead Md. director, should 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) Balto. Zion Cemetery Co. Burial Upperco. 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles VR A15 (4) 20 M 1/66 1967 Tipton - Eline Funeral Home Hampstead. Md.

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	y the attending physician o	Then please remave carb
e haspital or attending physician.	: After this certificate has been signed t	detached far use as the burial-transit permit
way be retained	TO FUNERAL DIRE	Dage 3 shauld be
	may be retained be haspital or attending physician.	may be retained a haspital or attending physician.

00376 CEI	KIIFICA	ATE OF DEATH		R	Reg. Dist. No.	0037
PLACE OF DEATH O. SOUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.			Residence befor	e odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville	STAY IN 16					rest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) Caton Ridge Nursing Home		d. STREET ADDRESS Caton/Ringe/			Mill Rd	ON A FARM? YES NO
NAME OF DECEASED (Type or print) First M		Last	4. DATE OF DEATH		6	1967
N' The state			9. AGE lost l	(In years of the second of the	Months Days	Hours Min.
during most of working life, even if retired)	ESS OR INDU	Md.				WHAT COUNTR
FATHER'S NAME Mulshefski						la i
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT (If yes, give war or dates of service)	Y NO. 1	Dr. Arthur Be	ek Rd.	Address		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	d (c).]	ougesting	blear	t For	·lune inte	RVAL BETWEEN ET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. Conditions, if any, which gove rise to immediate couse (b). A S C V I DUE TO Column (c).	1) * - L. Z.	ed Anter	rioscles	ose	,	
Chronic Broin 54	O DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE COND	ITION GIVEN	I IN PART 1(o)	P. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of it	em 18.)		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRE	1					
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00377 00380 deat and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral remave carban papers. Pages 1 and o. COUNTY o. STATE b. COUNTY MARYLAND vithin 72 hours after c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town) Reac e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Manor Nursing Home YES NO PC Middle 4. DATE NAME OF Month Day Year **First** Last DECEASED 6 19 osephine son OFATH an. (Type or print) 9. AGE (In years IF UNDER 1 YFAR IF LINDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH S. SEX 7 MARRIEO NEVER MARRIED birthday) Months Hours 4-28-1886 WIDOWED DIVORCED TOo. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) INDUSTRY please the attending physician sit permit. Then please Housewite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya Samuel Dix arah arman 17. INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give wor ar dates af service errace 18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND OEATH burial-transit IMMEDIATE CAUSE (a) signed by **OUE TO** burial Canditians, if any, which gove (b) rise ta immediate cause (a). DUF TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 40 detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o.m. factory, street, affice bldg., etc.) While Nat While ot wark at wark 1962, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram shauld and that death accurred at 6. PM. from causes and on the date stated above. saw the deceased alive an 22b. OATE SIGNED 22a. SIGNATURE ATTENDING PHYS. M.O. DIRECTOR director, page shauld be filed 22d. ADDRESS 22r. PHYSICIAN'S NAME (Type) 1400 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION, REMOVAL (Specify)

Inc Baltimore, Md.

2Sb. REGISTRAR'S SIGNATURE

2So. REC'O BY REGISTRAR

VR A15 (4) 20 M 1/66

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24. FUNERAL DIRECTOR

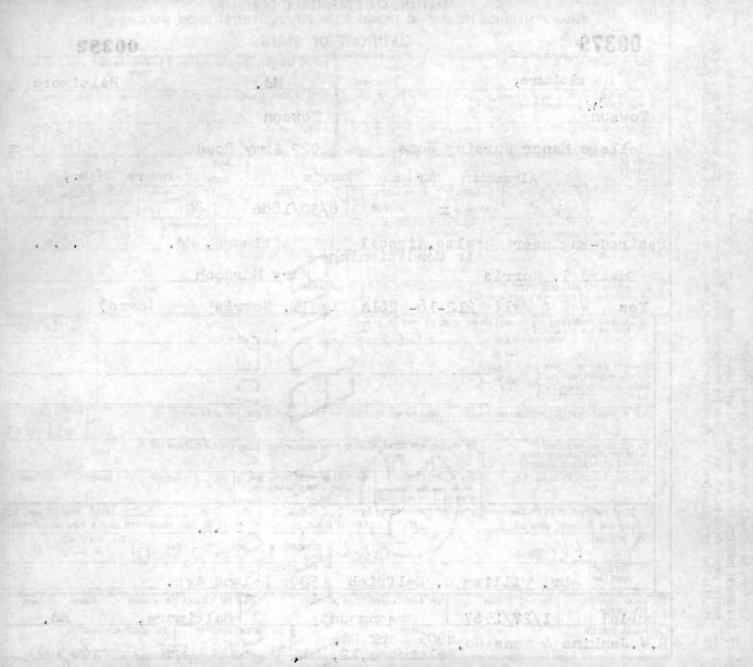
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00378 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death physican and campletely filled in by the funeral en please remaye carban papers. Pages 1 and avai, and in any event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY ANNE ARUNDEL BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 222 DAYS PASADENA d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) 213 BODKIN AVENUE VETERANS ADMINISTRATION HOSPITAL NO A 3. NAME OF 4 DATE First Lost Month Year DECEASED (Type or print) THOMAS EARL NORATEL JANUARY 67 19 AGE (In years IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Hours AUGUST 16, 1900 WHITE MALE WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, ar foreign cauntry) 12. CITIZEN OF WHAT BALTIMORE, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS NORATEL ELLA C. DRIVER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war ar dates of service) 215 09 1167 CLIN. REC., VAH. FT. HOWARD, MARYLAND INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit RECENT PEATH PART I. DEATH WAS CAUSED BY PNEUMONIA: BILATERAL IMMEDIATE CAUSE (o) DUE TO BRONCHOBENIC CARCINOMA LEFT LUNG WITH METASTASIS UNKNOWN Canditians, if any, which gave rise ta immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been lost 19. WAS AUTOPSY PERFORMED?
YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) ad for use af Health r MYOCARDIAL INFARCTION, OLD 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, form, 20d. INJURY OCCURRED 20f. (City ar tawn) 20c. TIME OF INJURY Month, Day, Yeor (Caunty) (Stote) Haur o.m foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased from May 31, 1966, to Jan. 8, 1967, that (1) (we) last saw the deceased glive on Jan. 8, 1967, and that death accurred 1, 108 a.M., from couses and an the date stated above. saw the deceased alive on Jan. 8, 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 1 9 67 directar, page 3 shauld be filed v M.D. 22c. PHYSICIAN'S VAH, Ft. Howard, Maryland GEORGE DUDAS, M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Jan. 12. 1967 Glen Haven Mem. Pk.CEMETERY Glen curnie, A. A. Co., Md. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE GONOADRESUNERAL HOME EUNERAL DIRECTOR Milarley VR A15 (4) 20 M 1/66 DALAN 1967 169 Riviera Dr. Riviera Beach. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00379 filled in by the funeral in papers. Pages 1 and 2 Athin 72 haurs after death. requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY altimore, Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 922 Army Road NO TO College Manor Nursing Home NAME OF DECEASED Middle 4. DATE ave carban v event, with Manth Day First Year physician and completely 25th. 67 Alexander Murdoch Norris January DEATH (Type or print) DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthdoy) Months Dovs Hours 6/30/1886 X duy WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) **INDUSTRY** Balto Aircoil Baltimore, Md. Retired-Engineer Air Conditioning 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Murdoch Edward T. Norris 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war or dates of service) (Same) 212-18-4261MAllan T. Norris Yes & WWII INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse the O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION YES NO far 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. factory, street office bldg., etc.) Not While 21. I certify that (1) (this hespital) attended the deceased fram 1 be retained , and that death accurred at p M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED. 22a. SIGNATUR 46 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 5006 Roland Ave. NAME (Type) Dr. William G. Helfrich director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, Burial (Specify) /1967 Baltimore. Greenmount 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR & Sons Co. 4905 H.W. Jenkins ltimore, 12.

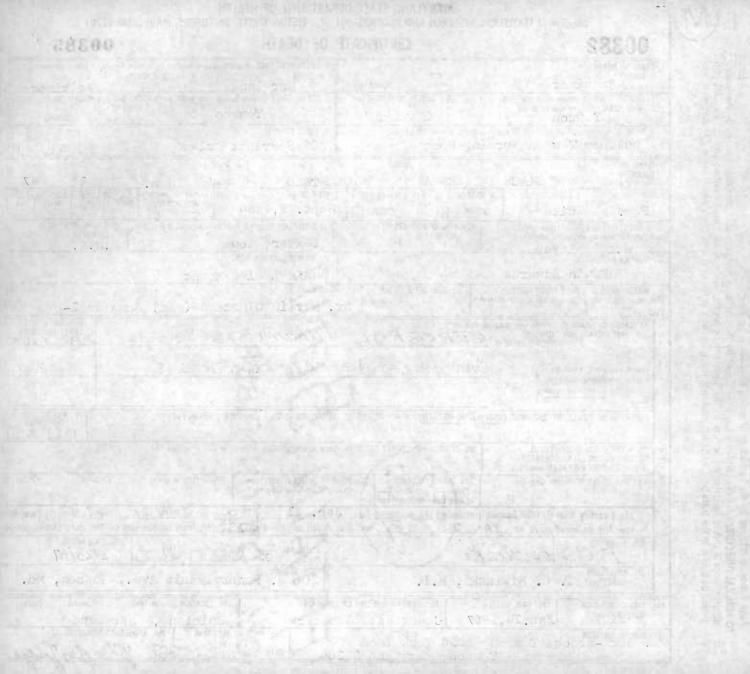


MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00382 CERTIFICATE OF DEATH 00385 death. by the funeral Pages 1 and 2 nours after death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Maryland Baltimore CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carporate limits, write RURAL and give nearest tawn) Towson 3 weeks Towson e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 721 Dulaney Towson Nursing Home 806 Scarlett Drive YES NO K carbon 3 NAME OF First Middle 4. DATE Lost Month Day Year DECEASED GRACE **EDWARDS** OLMSTEAD 21 19 67 (Type or print) DEATH Jan 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 8 Jast birthdoy) remove Months Days Hours Sept. 9,1884 or removol, and in any Female White WIDOWED DIVORCED puo 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician o during most of working life, even if retired) COUNTRY? INDUSTRY Dexter, Iowa U.S.A. not employed 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Edwin Edwards Annie Louise Mount ottending p death 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) ((If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr. Merlin Olmstead (son) Same as 2-D no cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit burial, cremati the THROM BOSIS EREBRAL ONSET AND DEATH IMMEDIATE CAUSE (a) physicion. DUE TO TENERALIED ARTERIUSCLEROSIS Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying cause os the O FUNERAL DIRECTOR: After this certificate hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION be detached for use Stote Dept. of Health NO the hospital or 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Doy, Year factory, street, office bldg., etc.) Nat While at wark at wark 21. I certify that (I) (this hospital) attended the deceased fram Jan. 11 19 60 to JAN 21 , 1967, that (1) (was) last be retained saw the deceased glive on TAN 20 1967, and that death occurred at _M, from causes and on the date stated abave. 22b DATE SIGNED 22a. SIGNATURE ATTENDING 1/23/67 M.D. DIRECTOR PHYS. PHYS 22d ADDRESS 206 W. Pennsylvania Ave., Towson, Md. 22c. PHYSICIAN'S director, pur T. C. Siwinski, M.D. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) (State) REMOTAR (Betith) Jan. 24, 1967 Cedar Hill Cemetery Suitland, Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
Wm. Cook-Brooks Towson 2So. REC'D BY REGISTRAR 1050 York Road VR A15 (4) 20 M 1/66 DATE Towson, Maryland 21204



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00383 00386 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATEM HEALTH DEPT. PLACE DE DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 2, and 3 to PM3. Page of death. Balto. (Towson) MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TDWN (If outside corporate limits, write RURAL and give neorest tawn) CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Baltimore #14 hours after e. IS RESIDENCE ON A FARM? d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS fike olong with form term, 18. Give Poges e Stote | 72 hour NO J 3037 Northern Pkwy YES St. Joseph Hospital 24 hours ofter deoth. 3. NAME OF Middle Lost DATE Year Doy DECEASED the within (Type or print) DEATH 19 **67** IF UNDER 24 HRS William O'Malley AGE (In yeors lost birthdoy)
69 yrs. with S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months March 7, 1897. Dovs Hours WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired Auditing Dept COUNTRY ? INPUSTRY O R R Mass. USA dny 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within penci = Unknown d "pending" in pend Chief Medicol Examil Unk. O'Malley File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) or removal, 705-05-2592 Mrs. Maude O'Malley (Same) INTERVAL BETWEEN 18. CAUSE DF DEATH (Enter only one couse per for (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) please execute the certificate, writing the ward I directar. Page 4 should be forworded to the Ch buriol, crematian, DUF TO Conditions, if ony, which gove rise to immediate couse (a). **OUE TO** stoting the underlying couse gp used 19. WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO 0 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Poge ot work at work designoted 21. I certify that Dtack tharge of the remains described above, held an Autapsy Inspection 7 Inquiry and in my apinian the funeral directar. death resulted frame Accident Suicide 📝 Hamicide Undetermined manner Natural causes be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE/SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER NAME (Type) Charles F.O'Donnell, M.D FUNE Heolth Address (Street, city, town, or county) 23d. LOCATION (City or Town)
Baltimore, Md. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (Stote) 1/6/67. Baltimore National Cemetery REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE ADORESS 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR harley VR A15ME (5) Leonard J. Ruck, Inc. Balto. Md. 21214 1967 JAN 5

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY by the and 2 deeth. Baltimore JAR YLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) executed within 24 write RURAL and giva naarest town) filled in Pages 1 hours efter BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Stella Maris Hospital 106 E. WEST papers. n 72 hol STREET completely YES NO 3. NAME OF PT 4. DATE First, F.O Middle Month OTTERBEIN Dey Year DECEASED OF carbon pa (Type or print) (Msgr) DEATH 19 Otterbein 9/67 Leo pue 6. COLOR OR RACE! 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months event, Hours Min. certificate DIVORCED WIDOWED physician гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, avan if retired) any Baltimore, Md USA atholic Priest ROMAN please 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and Mary Simon Adam Otterbein Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgive weror dates of service) by this The law requires that No Hospice records may be retained by the hospital or attending physician.
DIRECTOR: After this certificate has been signed by a permit 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, detached for use as the burial-transit DUE TO Conditions, if any, which gave rise to immadiate cause burial, DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)1 0 CERTIFICATION PERFORMED? Prior NO I 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) Health OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER ATTENDING 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) ó factory, street, offica bldg., atc.) Not Whila Hour a.m. Dept. at work at work p.m. Pe 21. I certify that (I) (this hospital) attended the deceased frommar. 5. 1964...., 19....., to....Jan. 9. 196719....., that (I) (we) last plnous State ,1967 Jan. and that death occurred at 2:25 Prom the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE ATTENDING SIGNED 9/67 HOSPITAL FUNERAL with t DIRECTOR PHYS. PHYS. Page M.D. 22d. ADDRESS 22c. PHYSICIAN'S director, post of the post of NAME (Typa) Robert J. Mahon, M.D. 204 E Joppa Rd. Towson death. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Spacify) RITCHIE25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE N. CALVERT SON

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	Catons			c. LENGTH OF STAY IN 1b 2yr3mthl2dys	c. CITY OR TOWN (If o		ote limits, write RUR	AL ond give	3.1	/	
		GROVE STAT		pive street oddress)	d. street address 610 Old	North	Point Ro	ad		ON A FA	
1	NAME OF DECEASED (Type or print)	Fit Th	oma s	Middle Gwinn	Lost Palmer	4. DATE OF DEATH	Mont Janua	ry 4	Doy		67
	sex ale	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH March 2, 1		9. AGE (In yeors last birthdoy) yrs.	Months	YEAR Doys	Hours	Min.
dur	ing most of working hospita	(Give kind of work done life, even if retired) attendant	IN	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Count Vir 14. MOTHER'S MAIDEN	ginia	oreign countrγ)	U.	NTRY?		
На	rrison S				Ethel	NAME					
15. (Ye	WAS DECEASED EVE es, no, or unknown) Vas	R IN U.S. ARMED FORCES? (If yes give wor or dotes on the control of the control o		235-28-0827	INFORMANT Records: SPR	ING_C	Addre ROVE ST		OSF	TAI	
		EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	0	(o), (b), ond (c).)						ERVAL BET SET AND D	
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MEDICAL	20c. TIME OF INJ Hour o.i p.i	10	20d. It While ot work	Not While for	ACE OF INJURY (Home, for clory, street, office bldg., etc	:.)	(City or town)	(Cour			Stote)
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M.D.

23c. NAME OF CEMETERY OR CREMATORY

Miller's Cemetery

ATTENDING PHYS.

MED. DIRECTOR

2So. REC'D BY REGISTRAR

22d. ADDRESS SPRING

DATE

STAFF PHYS.

Baltimore, Maryland 21228

23d. LOCATION (City or Town)
Webster Springs,

GROVE

from couses and an the date stated obove

STATE

2Sb. REGISTRAR'S SIGNATURE

22b. DATE SIGNED 1-4-67

HOSPITAL

(Stote)

(County) Va.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death physican and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then Dease remove carban papers. Pages 1 should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after rage 4 littly be totalling at this certificate has been signed by the attending pay. Page 4 may be retained by the haspital ar attending physician.

death.

VR A15 (4) 20 M 1/66

sow the deceased olive on

Stella Wachsler, M.D.

emmin 4611 Park Heights, Balte. Md.

23b. DATE THEREOF

Jan. 8, 1967

22o. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

230. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24. FUNERAL DIRECTOR

named and the second of the se Agranta Laborate Service Total THE RESERVE AND RESERVE AND ADDRESS OF THE PARTY OF THE P all feminists and the months of the manufacture of the second Ru Ask is forced Alfalata di di di di 237-28-6327 Copy gold and and The first war will be the second Total distribution and the contract of the con CONTRACTOR OF THE PROPERTY OF THE PARTY OF T . St. . L. Carrier B. Medide done to 1 to 1 the content Tarrel

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00389 requires that the death certificate be executed within 24 hours after death death and completely filled in by the funeral remave carbon papers. Pages 1 and in any event, within 72 haurs after deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Baltimore Maryland Prince Ceorge's MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corparote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1h 3 months Riverdale. Maryland Catonsville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Spring Grove State Hospital 8138 Balto. Blvd. College Park YES NO 3 NAME OF Middle 4 DATE 1 ast Doy Year DECEASED 67 (Type or print) Fred 19 Paragon DEATH January S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED please remaye last birthday) Months Days Haurs 2-25-87 and in any WIDOWED DIVORCED Male White 10a, USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar foreign country) during most of working life, even if retired)
UNKNOWN **INDUSTRY** COUNTRY? unknown Prince George's Co. Md.

14. MOTHER'S MAIDEN NAME II.S.A 13. FATHER'S NAME ar remayal, Briton Paragon Mary IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates af service) 520-24-2705A Records: Spring Grove State Hospital 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Cerebrovascular accident IMMEDIATE CAUSE (a) physician. DUF TO signed t Arteriosclerosis, generalized and severe Canditians, if any, which gave rise to immediate cause (a), DUF TO ed far use as the b . af Health priar ta b stating the underlying cause attending TO FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO K be retained by the haspital ar 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m factory, street, affice bldg., etc.) Nat While at wark ot work 21. I certify that \$\pi\$) (this haspital) attended the deceased fram 10-29-66, \$\frac{19}{2:30}\$ ta Jan. 29, \$\frac{19}{67}\$, that \$\pi\$) (we) last sow the deceased glive on Jan. 29 19 67, and that death accurred at \$\frac{12:30}{2:30}\$ M, fram causes and an the date stated above. should sow the deceosed alive on. 22b. DATE SIGNED 22g SIGNATURE STAFF PHYS. ATTENDING 2-1-67 M.D. directar, page shauld be filed Spring Grove State Hospital 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M.D. Catonsville Maryland 21228 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) 23o. BURIAL, CREMATION, BEMOVAL (Specify) 12/67 Glen Haven Ritchie Highway Balto .Md. 2Sa. REC'D BY REGISTRAR 2Sh REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS**

FUNERAL HOME 1216 S.Charles

VR A15 (4) 20 M 1/66 1967

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Charles

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00390 CERTIFICATE OF DEATH 00387 tely filled in by the funeral rban papers. Pages 1 and 2 ; within 72 haurs after death death. The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Baltimore b. COUNTY Baltimore o. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Catonsville. Md. Rural- Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO [House of Pines-Catonsville, Md. 203 Garden Ridge Rd. YES 4. DATE 3. NAME OF Month Dov Year DECEASED 29, 1967 Pascoe John Jan. DEATH (Type or print) S. SEX IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours 5/9/1893 White In any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? and Machinist Balt. Transit Co. Baltimore USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, g-ph Then Unknown Unknown 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 21207 attendii (Yes, no. or unknown) (If yes give wor or dotes of service) Mrs. Mary B. Pascoe-8301 Charmel Drive Yes 213-10-0069 crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO this certificate has been signed burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse d far use as the af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) ot work **DIRECTOR:** After 21. | certify that (1) (this hospital) attended the deceased from 12-5- , 1964, to 1-29 , 1967, that (1) (we) los 1-28 1967, and that death accurred at 2450. M, from causes and on the date stated above saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE DIRECTOR M.D. PHYS. director, page shauld be filed 22d. ADDRESS PHYSICIAN'S FUNERAL NAME (Type) Dr. Wilmer K. Gallager 6209 Frederick Rd. 21228 23o. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) Oaklawn Cemetery Eastern Ave. Balt. Md. 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR
LOTTING Byers -8728 Liberty Rd. Randallstown, Md Meliantes 967

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00388 CERTIFICATE OF DEATH death. law requires that the death certificate be executed within 24 hours after death by the attending physician and campletely filled in by the funeral ransit permit. Then please remave carban papers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Marvland Charles MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Waldorf. Maryland Catonsville 3vrsldv ban papers. within 72 ho IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Spring Grove State Hospital YES NO NO 3. NAME OF First Middle Lost 4. DATE Month Dov Year DECEASED Henry Portzen (Type or print) 19 67 DEATH January S. SFX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED olast birthdoy) Months Dovs Hours 11-14-74 White WIDOWED DIVORCED Male 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Luxenbourg Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Strice Nicolas Portzen IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) ((If yes give wor or dotes of service 219-54-3276 Spring Grove State Hospital Records: crematian INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH Pneumonia IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic cardiovascular heart disease Conditions, if ony, which gove rise to immediate couse (o) DUE TO stoting the underlying couse Page 4 may be retained by the hospital ar attending this certificate has been use as the Generalized arteriosclerosis lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Health CERTIFICATION Senility - Malnutrition NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o.m. Not While 19 67 and that death accurred at M. from rouses and as the that (we) last of work O FUNERAL DIRECTOR: After of work 21. I certify that (1) (this haspital) attended the deceased fram. 3 shauld be with the S saw the deceased alive an Jan. 220. SIGNATURE 22b. DATE SIGNED Sulla Vallexler STAFF PHYS. ATTENDING M.D. PHYS filed r, page be filed 22d. ADDRESS 22c. PHYSICIAN'S Spring Grove State Hospital NAME (Type) Stella Wachsler, M.D. director, g Catonsville, Maryland 21228 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BSMOVAL (Specify) ALDORF REGISTRARIA SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

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CERTIFICATE OF DEATH

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1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
<u>Baltimore</u> MARYLANO	Maryland Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
(atonsville	Lutherville 03.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Ridgeway Nursing Home 5743 Edmondson Ave	1426 Burton Ave. YES NO W
3. NAME DF DECEASED (Type or print) Nellie Alice Powers	4. DATE Month Day Year DF DEATH January 10, 1967 19
	8 OATE OF RIPTH 19 ACE (In years LIKINDED 1 VEAR IF HINDED 24 HPS
Female White WIDOWED OIVORCED	May 4. 1871 State birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
At Home Own Home	Rhode Island USA
13. FATHER'S NAME	1 14. MOTHER'S MAIOEN NAME
Henry Powers	Flora MacKau
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFDRMANT Address
(Yes, no, or unknown) (If yes give war or dates of service) No None None	Family Records
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY:	ONSET AND DEATH
1824 IMMEDIATE CAUSE (a)	Chi
Out TO	
Conditions, If any, which gave rise to Immediate (b)	
cause (a), stating the OUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELIGIOUS CONTRIBUTING TO OEATH BUT NOT RELIGIOUS CONTRIBUTING TO OEATH BUT NOT RELIGIOUS CONTRIBUTING TO OEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRREO. (Enter nature of Injury In Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm.) 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLA factor while p.m. 19 at work at work	ICE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	1960, to 1870, 199, that (1) (we) last
saw the deceased alive on 1967, and tha	t death occurred at OBPM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
hulle gooding, my M.	
22c. PHYSICIAN'S NAME (Type) helle Lacolum Th	1334 Sulphu Sp-Lu R1-2122)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial (Specify) Jan. 13, 1967 Prospect Hill	Cemetery Towson, Maryland
24. FUNERAL OIRECTOR ADORESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John Burns' Sons, Towson, Maryland	DATE JAN 13 1987 Scharles Judge
John Burns Sons, Lousson, Maryland	DATE JAN 13 1301

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00390 CERTIFICATE OF DEATH 00394 24 hours after death. death and campletely filled in by the funeral remave carban papers. Pages 1 and in any event, within 72 haurs after geath . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o. COUNTY Baltimore o. STATE Maryland b. COUNTY Howard MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jessup 20794 Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital 224 Mission Road YES 🗌 NO [death certificate be executed within 3. NAME OF Middle attending physician and campletely to First Lost 4. DATE Month Year DECEASED Matthew OF DEATH Gregory PRESTIANNI January 27 67 19 and in any event, (Type or print) 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED X 8. DATE OF BIRTH NEVER MARRIED lost birthdoy) Dovs Hours 140 Male January 27, 1967 White DIVORCED WIDOWED 10a, USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) U.S.A. INDUSTRY Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME. crematian, ar remaval, Joseph Prestianni 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address signed by the attendi burial-transit permit. (Yes, no, or unknown) (If yes give wor or dotes of service Mr. Joseph G. Prestianni, 224 Mission Rd. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hydrops fetalis IMMEDIATE CAUSE (o). DUE TO burial, Conditions, if ony, which gove Erythroblastosis fetalis rise to immediate couse (a), DUE TO Page 4 may be retained by the haspital ar attending 10 FUNERAL DIRECTOR: After this certificate has been 10 FUNERAL DIRECTOR: After this certificate has been 10 FUNERAL DIRECTOR: After this certificate has been 10 FUNERAL DIRECTOR: After the 10 FUNERAL DIRECTOR stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) for use Health YES E NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Hour o.m. foctory, street, office bldg., etc.) While Not While at work at work 21. I certify that (1) (this hospital) attended the deceased fram 1/27 I fram 1/27, 1967, to 1/27, 1967, that (I) (We) last and that deoth occurred at 1.47PM, from couses ond on the date stated above. 3 shauld I with the S saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. X 1-27-67 M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Lawrence J. Misanik 7620 York Rd. To son, Md. director, p 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (Stote) REMOVAL (Specify)
BURTAL 1-28-1967 St. Lawrence Cemetery Howard County, Maryland 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Howard H. Hubbard, 4107 Wilkens Avenue 21229 -218 And

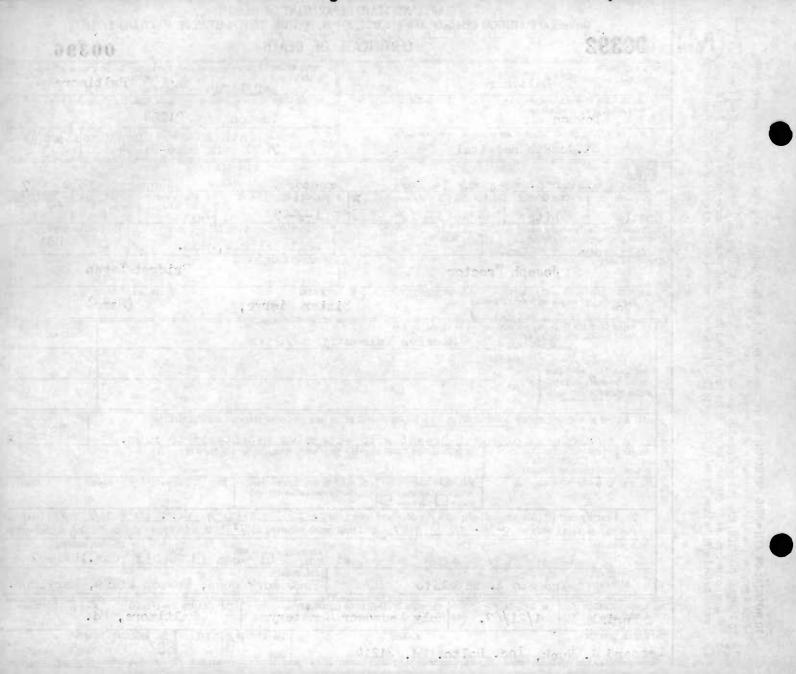
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00391 00395 law requires that the death certificate be executed within 24 hours after death death rending physician and campletely filled in by the funeral thin. Then please remave carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) I. PLACE OF DEATH b. COUNTYBaltimore a. COUNTY Baltimore MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits. write RURAL and give nearest tawn Runal - Rosedale - Rosedale urs. d. STREET ADDRESS
1225 Spring Avenue d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? within 72 8019 Philadelphia Road NO DE 3. NAME OF 4. DATE Last Manth Year DECEASED January 6 DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH Manths birthday) Doys Hours White March 20. Male and in any DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign country) 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) INDUSTRY COUNTRY? Brunign Maruland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lement Priller Katherine 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, ga, or unknown) (If yes give war or dates af service) Priller 1225 Spring Ave. y ex INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per ling-for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) by burial-tra DUE TO signed Conditions, if ony, which gave rise to immediate cause (a). DUE TO attending | stating the underlying cause as the has been 9 last prior 1 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO the haspital ar this certificate Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Hour a.m. While Not While at wark at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram be retained shauld and that death accurred at 9 AM, from causes and an the date stated above. saw-the deceased alive an 270. SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS be filed 22d. PHYSICIAN'S NAME (Type) Philadelphia Road Orth M.D. director, shauld 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. 8URIAL, CREMATION 23b. DATE THEREOF (County) Holy Redeemen Cemetery REMOVAL (Specify) Baltimore. 25b. REGISTRAR'S SIGNATURE 250. REED BY REGISTRAR 24. EUNERAL DIRECTOR hesaco Avenue DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 391 W., PRESTON STREET, BALTIMORE, MARYLAND 21201 00392 CERTIFICATE OF DEATH 00396 be executed within 24 haurs after death and campletely filled in by the funeral remove carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY a. STATE b. COUNTY Baltimore Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 21204 Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 7620 York Road-21204 YES NO d. STREET ADDRESS event, within 72 St. Joseph Hospital 3. NAME OF Middle Lost 4 DATE Month OFCEASED (Type or print) Sister M.Agnes Angela OSF(January 18 Proctor) DEATH AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Dovs Hours 1-9-07 White WIDOWED DIVORCED Female 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? USA Philadelphia, Penn. requires that the death certificate Religious
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, Bridget Lagan Joseph Proctor 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, a which awn) (If yes give war ar dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Same) Sister Pierre. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-transit p burial, crematic ONSET AND DEATH Massive Pulmonary Embolism IMMEDIATE CAUSE (o). Page 4 may be retained by the haspital ar attending physician. **DUE TO** Canditians, if any, which gave rise to immediate cause (a). DUE TO as the l stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use YES | NO St Carcinoma of Right breast with extensive metastasis to ribs. 20o. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from Dec. 25 th, 1966 Ato Jan. 18 th 1967, that (I) (we) last saw the deceased alive an Jan. 18 th 1967, and that death occurred at 5:30 M, from causes and on the date stated obove. 22b. DATE SIGNED 220_SIGNATURE ATTENDING MED.
DIRECTOR STAFF PHYS. Jan.18\$1967 M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN'S 7620 York Road, Towson 21204, Maryland. MD NAME (Type) Ernesto A. Hipolito 23d. LOCATION (City or Town)
Baltimore, Md. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) 1/21/67. Holv Redeemer Cemetery REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 Leonard J. Ruck. Inc. Balto. Md. 21214 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY # 7 # # 5 # 5 MARYLAND by the b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) ALK E - P Pages urs afte within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE papers. Pag in 72 hours ON A FARM? YES NO completely NAME OF DECEASED (Type or print) DEATH carbon pa 196 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months event WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) CLEROK OICDER 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME 2 aftending and ELCOCK Then 16. SOCIAL SECURITY NO. removal (Yes, no, or unkown) | (If yes give we ror detes of service) 2522 LIBERTY been signed by the CAUSE OF DEATH [Enter only one cause per Tipe for (e), (b), end (c). permit. attending physician. ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY: ARCIVO Ma IMMEDIATE CAUSE (e) cremation, the burial-transit burial, cremation DUE TO Conditions, if env. which geve rise to immediate cause DUE TO (e), steting the underlying has the hospital or PHYSICIAN: certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 5 8 PERFORMED? YES NO use prior 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING [CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) tached be retained by ECTOR: After t MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) may be rem.
DIRECTOR: Af Not While Hour a.m. 5 at work at work p.m 19 (... 7 that (I) (we) last 21. I certify that (I) (this (hospital) attended the deceased from. saw the deceased alive on taw ..., and that death occurred a M, from the causes and on the date stated above 22b. DATE 22a. SIENATIERE) SIGNED O HOSPITAL death. Page 4 PHYS. DIRECTOR page with th 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MORNINGTON ector, filed 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 0:53 250. REC'D 8Y REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) UNERAL HOME - DUNDALK MD 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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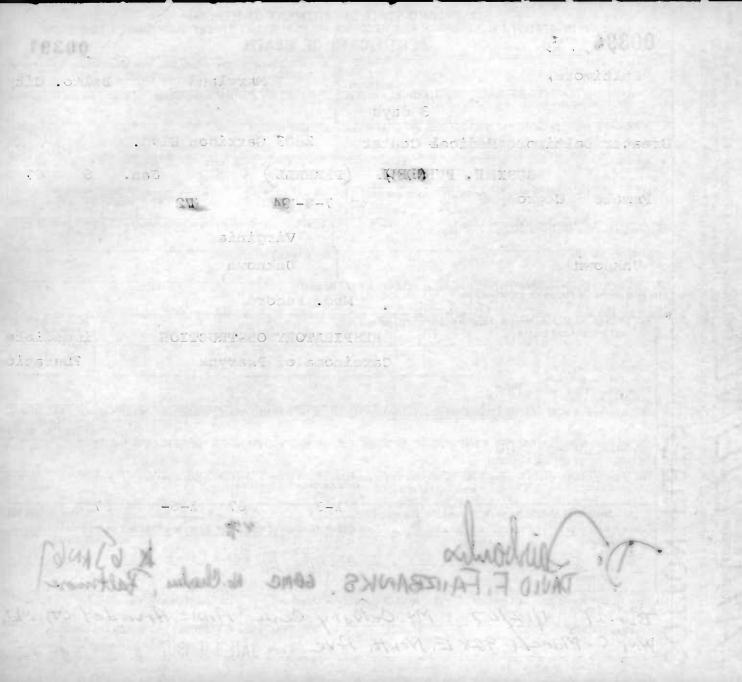
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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	1.	PLACE OF DEATH a. Baltimore,	MARYLA	a. ST	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE Maryland b. COUNTY Ba					City
H		b. CITY OR TOWN (If outside corporate limit: write RURAL and give nearest town)	3 days		OR TOWN (I	f outside corpora	ite limits, write	RURAL an	od give nea	rest town)
6	Gr	d. NAME OF HOSPITAL OR INSTITUTION (IF no ceater Baltimore Med			T ADDRESS 03 Ga	arrison	Blvd.		e. IS R ON . YES	A FARM?
	3.	NAME OF First DECEASED (Type or print) SUSIE H	• PURNDELL	(PERNE		4. DATE OF DEATH	Month Jan	. (Day	Year 67
	5.	Female Negro 7. MAR	RRIED NEVER MARRIED [8. DATE 0			E (In years IF 25 Irthday) yrs.			DER 24 HRS.
	10a dur	NUSUAL OCCUPATION (Give kind of work done in ling most of working life, even if retired)	LOB. KIND OF BUSINESS OR INDUSTRY		THPLACE (C	County & State, or 1 Lnia		12. CITI	IZEN OF WH	IAT
	13.	FATHER'S NAME Unknown		14. MOT	HER'S MAIN	OEN NAME				
		. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)	16. SOCIAL SECURITYNO.	17. INFORMAN Med. R		3	Address			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: RESPIRATORY OBSTRUCTION I MMEDIATE CAUSE (a)								INTERVAL ONSET AN LMMEC	BETWEEN D.DEATH Late
		Conditions, If any, which gave rise to immediate (b)	Car	cinoma	of Ph	narynx			?Dur	ation
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	MEDICAL	Hour a.m.	20d. INJURY OCCURRED 20e While Not While t work at work	e. PLACE OF INJU factory, street, o	RY (Home, f ffice bldg., e	etc.)		(County	y)	(State)
		21. I certify that (I) (this hospital) at saw the deceased alive on		n1 — 3 I that death oc		9, to	the causes an	, 190 /		(we) last
		223 SIGNATURE	(x)	M.D. PHYS.	100	MED.	STAFF PHYS.	22b DATI	E SIGNED	1
1		22c. PAYSICIAN'S NAME (Type) DAVID F	AIRBANK	S 22d.	ADDRESS	No. Char	les 7	altr	more	1
	23a	Burial Ilia/67	Mt. Cel	Vary C	em	Anne	: Arui	n or count	1 ct	(State)
	24	WNI. C. March 92	-8 E, North	Are	25a. RE	AN 10 1	967 F	-0.0	SIGNATURE Les Ju	dge

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00396 CERTIFICATE OF DEATH 00393 death. ompletely filled in by the funeral ve carbon papers. Pages 1 and event, within 72 hours after deaf PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maruland within 24 hours after b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7407 Kalton Court NO [Ridgeway Manor Nursing Home NAME OF 4. DATE Manth Year DECEASED (Type or print) Albort DEATH Ranbin Januaru requires that the death certificate be executed IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED Y NEVER MARRIED last birthday) Months Days Hours ond in ony White WIDOWED DIVORCED puq 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? Frecutive Russia Product 1191 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or removal. Mendel Rankin attending p 11mbn own 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. ar unknown) (If yes give war ar dates af service Yes Kalton Court #8 216-09-7570 Mantin Ranbin IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriof-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gave (b) rise ta immediate couse (a), DUE TO hos been see as the ket the prior to be stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p NO certificote 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in Part I at Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (Caunty) (State) Haur 'o.m. factory, street, affice blda., etc.) Nat While ot work at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 1 1964 to 16 196 2, that (1) (we) las director, page 3 should should be filed with the and that death occurred at Z.P. M. from causes and an the date stated above saw the deceased alive an_ _19 6 22a. SIGNATURE **ATTENDING** STAFF PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS O HOSPITAL NAME (Type) Rian Goodman 1345 Sulpher Springs 23a. BURIAL, CREMATION, 23d. LOCATION (City or Tawn) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Maryland Raltimone. 24. FUNERAL DIRECTOR 96 PEGISTRANT SIGNATU 25a. REC'D BY REGISTRAR 3

Levinson & Bros. Inc., 6010 Reist.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00400 funeral after death. death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE by the Maryland b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Howard MARYLAND Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours hours filled in Catonsville Elkridge Route d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS 0. 24 284 Box NO X Ridgeway Manor Nursing Home YES executed within completely carbon NAME OF Middle DATE Month Last 4. Year DECEASED event, RAY (Type or print) BESSTE Jan. 14, 1967 D. DEATH 19 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. remove NEVER MARRIED last birthday) Months I Davs Hours any and Female White WIDOWEDT Sept.1.1880 86 10a. USUAL OCCUPATION (Give kind of work done | = 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician lease and in during most of working life, even If retired) INDUSTRY COUNTRY? Maryland At Home The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph remova Chenoweth Sarah Swartz Arthur 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attendit 0 (Yes, no, or unkown) (If yes give war or dates of service) Joseph H. Ray, Monrovia, Md 21770 None cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN al-transit ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: **TO HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a burial-tr DUE TO Conditions, if any, which (b) certificate has been hed for use as the b gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) detached fire Dept. of FUNERAL DIRECTOR: After this irector, page 3 should be detach nould be filed with the State Depi MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m at work at work 21. I certify that (I) (this hospital) attended the deceased from That (I) (we) last and that death occurred at 12. M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE MED. ATTENDING DIRECTOR PHYS PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) iAM NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23d. 23a. 23c. REMOVAL (Specify) 0 Prospect Hill Towson . Mo REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR I icott VR A.15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00398 CERTIFICATE OF DEATH 00407 death, requires that the deoth certificate be executed within 24 hours after death attending physician and completely filled in by the funeral permit Then please remove carbon popers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE h COUNTY Baltimore MARYLAND Maryland Baltimore within 72 hours after c. CITY OR TOWN (If gutside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparote limits, c. LENGTH OF STAY IN 1b. write RURAL and give nearest tawn)
Rural Baltimore Baltimore 8½ years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)
Augsburg Lutheran Home
6811 Campfield Road 21207 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3820 Parkmont Avenue YES NO K 3. NAME OF Middle 4. DATE First Last Doy Year DECEASED 0F Elizabeth Richard 67 Mary Vegrs IF UNDER 1 YEAR 19 (Type or print) DEATH IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) Manths Haurs Days White WIDOWED K 3/17/88 Female DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most af warking life, even if retired) HOUSEWORK 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT **INDUSTRY** U.S.A. Baltimore, Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME John Bloberger Meta Margaret Pestrup 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes af service) permit 218-34-1635A Paul A. Hauer 6811 Campfield Road 21207 cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO buriol, Conditions, if any, which gave rise ta immediate cause (a), DUE TO as the prior to b stoting the underlying cause Page 4 moy be retained by the hospital or ottending this certificate has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Heolth CERTIFICATION for use NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH o (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) Haur o.m. Not While factary, street, affice bldg., etc.) at wark at wark O FUNERAL DIRECTOR: After 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 19 should and that death occurred at 5P M/from causes and on the date stated abave. saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M M.D. DIRECTOR PHYS. director, poge should be filed PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Ea rl L. Chambers NAME (Type) E OF CEMETERY 23d. LOGATION (City, or Jown) 23b. DATE THERPOF OR CREMATORY (County) (Stofe) 230. DURIAL, CREMATION, 1967 25b. SUNERAL/DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

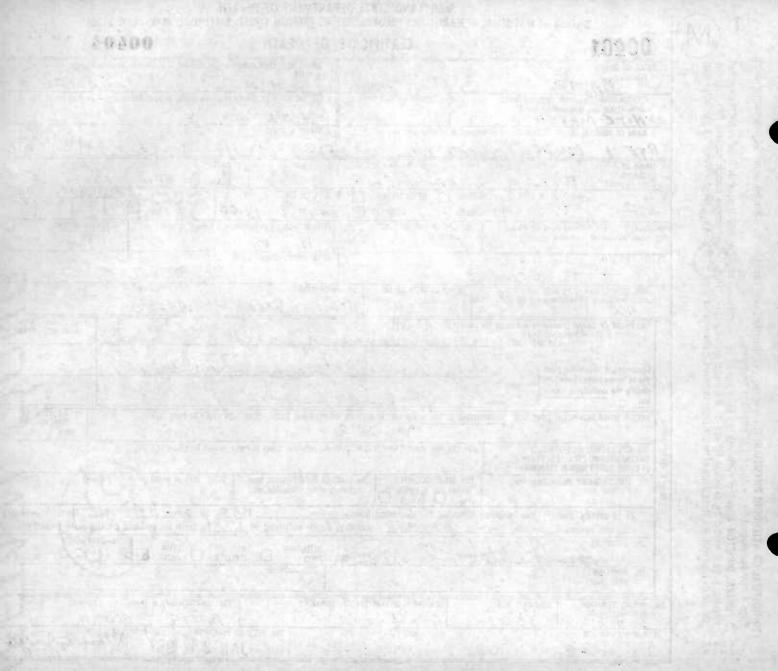
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00400 CERTIFICATE OF DEATH death. be executed within 24 hours after death and campletely filled in by the funeral remove carban papers. Pages 1 and in any event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY a. STATE a. COUNTY Baltimore Baltimore MARYLAND Maryland c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest tawn) Catonsville 34 vrs Catonsville e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS 218 Newburg Avenue YES NO X Shady Nook Nursing & Convalescent Home 4. DATE Year Middle Last Manth Day 3. NAME OF DECEASED HARVEY HERSHEY RIDDLE DEATH Jan. (Type or print) IF UNDER 1 YEAR 9. AGE (In years B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths XXX.Dec. 7. 1889 White WIDOWED DIVORCED Male 11. BIRTHPLACE (Caunty & State, or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired)
Carpenter INDUSTRY Employed by Builders Baltimore Co., Md. PHYSICIAN: The law requires that the death certificate 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME James Edwin Riddle Mary Erene Hershey Catonsville, Md. Address 21228 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service) burial-transit permit. A Mrs. Thomas Lawrence 218 KXXX Newburg Ave. 216-07-8838 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) þ DUF TO Canditians, if any, which gave rise ta immediate cause (a). DUF TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES T 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Nat While factory, street, affice bldg., etc.) Haur a.m. at wark L O FUNERAL DIRECTOR: After , 1961 to Jan 3 , 1967, that (1) (we) last 21. I certify that (I) (this housited) attended the deceased fram May 25 1967, and that death accurred at 1304. M, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Nesbitt Jr. M.D. 1009 Frederick Rd. Catonsville. John A. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) St. Johns Cemetery Ellicott City Howard Co. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR tianles 1967 VR A15 (4) JAN 5 Catonsville, Md. 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00404 CERTIFICATE OF DEATH 00401 requires that the death certificate be executed within 24 hours after death death puo 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) 1. PLACE OF DEATH ond completely filled in by the funeral remove carbon popers. Pages 1 and o. STATE b. COUNTY o. COUNTY MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) WHITE MARSH WHITE MARSIA d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) BOX 118 YES NO 4 VINCER 3. NAME OF 4. DATE Last Day Year DECEASED RIFFLE JAN-196 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE **NEVER MARRIED** B. DATE OF BIRTH 7. MARRIED lost birthday) Dovs DIVORCED WIDOWED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & Stote, ar fareign country) 10o. USUAL OCCUPATION (Give kind af work done COUNTRY? during mast af warking life, even if retired) **INDUSTRY** 11. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CONRAD IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates af service) S-OLFY LCUIE ARDUE No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
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BURIA CAK LAWN B.4LTC 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 300 MACE T.C. CENINELLY SOWS DATE



1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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ifter death. the funeral es 1 and 2 after death.	1. PLACE OF DEATH a. COUNTY D. C
24 hours after death. 124 hours after death. 134 apers. Pages 1 and 2 and 72 hours after death.	d! NAME OF HOSPITAL OR INSTITUTION (ix not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
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executed within and completely remove carbon promoters and any event, within	5. SEX MARRIED NEVER MARRIED N
be be ysician ysician and in	10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) Cabinetmaker-Ret. 10b. Kind of BUSINESS OR III. BIRTHPLACE (County & State, or foreign country) Country? Country? Mafufacturing Co. Balto. Co. Md.
artifica ling ph Then emoval	13. FATHER'S NAME JOSHUA RILEY 14. MOTHER'S MAIDEN NAME MARGARET LEESE
eath ce attend ermit. on, or r	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give war or dates of service) 212-01-1547 Wife
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after be retained by the hospital or attending physician. JIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fig 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 ed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO DUE TO Conditions if any, which cause cause (b) DUE TO Conditions if any, which cause (b) DUE TO Conditions if any, which cause cause (b) DUE TO Conditions if any, which cause cause (b) DUE TO Conditions if any, which cause cause (b) DUE TO Conditions if any, which cause (b) DUE TO Conditions if any, which cause cause (b) DUE TO Conditions if any, which cause cause (b) DUE TO Conditions if any, which cause cause (b) Conditions if any, which cause cause (b) DUE TO Conditions if any, which cause cause (b) Conditions if any, which cause (c) Conditions if any, which conditions (c) Conditions if any, which cause (c) Conditions if any, which cause (c) Conditions if any, which conditions (c) Conditions if any, which conditions (c) Conditions if any,
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OR ATTENDING be retained by IRECTOR: Afte je 3 should be	21. I certify that (I) (this hospital) attended the deceased from Jan 4, 1967, to 40, 1967, that (I) (we) last saw the deceased alive on 1967, and that death occurred at 2.30 M, from the causes and on the date stated above
	22a, SICNATURE, M. J. M. OLE GIVE GO. M.D. ATTENDING MED. DIRECTOR PHYS. 22b. DATE SIGNED
TO HOSPITAL OF Page 4 may be director, page should be filed	22c. PHYSICIAN'S NAME (Type) 1. MAC GREGOR. 22d. ADDRESS HU Baltinghe he dieal Cent
TO HOS Page , To FUN directs	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CHEMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) ADDRESS 225a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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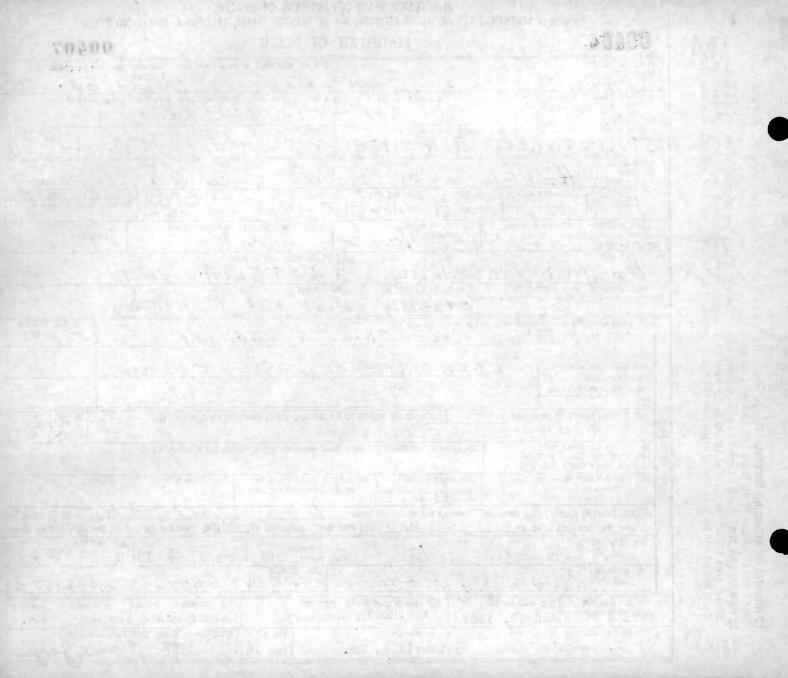
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending to sician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deafn. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	RY Month, Day, Year	20d. INJURY OCCURRED While Not While at work at work		E OF INJURY (Home, farm r, street, office bldg., etc.		town) (Cou	nty) (State)
	21. I certify th saw the deceas 22a. SIGNATURE		attended the deceased 1967,		death occurred at 6. ATTENDING ME PHYS. OIF		causes and on the	Z, that (I) twellast ne date stated above. ATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	RAM k.	CHHILLA	R	22d. ADDRESS			/ 3
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VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00404 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after deoth I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) and completely filled in by the funeral remove corbon papers. Pages 1 opd FIMORE MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b COLLEGE PARK ATONSVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 9005 YES NO S NAME OF DECEASED Middle 4. DATE Manth (Type or print) DEATH IF UNDER 24 HRS. S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during mast of warking life, even if retired) **INDUSTRY** COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit ONSET AND DEATH LIVOCARDIAL INFARTION IMMEDIATE CAUSE (a) signed by **DUE TO** GENERALIZED ARTERIOSZLEROSIS Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse hos been the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? DIABETES MELLITUS NO 20o, ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur a.m. factory, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram 19_67, that (I) (we) last be retoined saw the deceased alive an_ 1-13 1967, and that death accurred at 12 M, fram causes and an the date stated above. TO FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 1-13-67 M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 5PRING VE ST. HOSPITAL LAN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) Ft Lincoln Cemetery Colmar Manor Tro Geo Md. Jan 17, 1967 24. FUNERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 F. Gasch's Sons Hyattsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00405 CERTIFICATE OF DEATH within 24 haurs after death and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) filled in by the funeral papers. Pages 1 and 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore Md. Balto. cian and campletely filled in by the fur ease remave carban papers. Pages I and in any event, within 72 haurs after MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, Reisterstown Reisterstown IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 452 Main Street 452 Main Street NO SC Middle 4. DATE Year 3. NAME OF Month Dov First DECEASED Probertson L. Max 19 67 January DEATH (Type or print) be executed IF UNDER 24 HRS. IF LINDER 1 YEAR DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours Nov. 17, 1885 Male White WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired)
Retired Builder INDUSTRY requires that the death certificate Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James A. Robertson James A. Shelton 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, pg, or unknown) ((If yes give wor or dates of service) permit. 218-32-1197 Mrs. Martha E. Robertson Reisterstown, Md. 5 burial, cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o). Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO as the stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Health 1 CERTIFICATION for use NO 4 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH de de (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, form, (County (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m. Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased from. - 194 V 3 shauld saw the deceased alive one 1 - 21 000 1807, and that death occurred at 100 M, from causes and an the date stated above. 22b., DATE SIGNED 22o. SIGNATUR **ATTENDING** DIRECTOR PHYS. M.D. PHYS. director, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 3MES 230. BURIAY, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE THEREOF REMOVAL (Specify) Pikesville, Md. 7/73.67 Druid Ridge

ADDRESS

25o. REC'D BY REGISTRAR

1967

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66 24. FUNERAL DIRECTOR

J. F. Eline & Sons Reisterstown, Md.

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00406 in and completely filled in by the funeral se remove carban papers. Pages 1 and 2 id in ony event, within 72 haurs after deoth: 1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Owines Mills 13 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Rosewood State Hospital 3. NAME OF First Middle DECEASED (Type or print) Cecelia Anne S. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED DIVORCED WIDOWED Female Caucasian 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY physician 13. FATHER'S NAME Lindwood T Roeder buriol, cremation, or remo 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dotes of service) 16. SOCIAL SECURITY NO none none 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by Page 4 moy be retained by the haspital or attending physician. DUF TO Conditions, if any, which gove (b) rise ta immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the Stote Dept. af Heolth prior to 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3 should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year at work at work. saw the deceased alive an 20. SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 00403 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission). b. COUNTY Prince Geo. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Bladensburg d. STREET ADDRESS 5027 57th Avenue e. IS RESIDENCE ON A FARM? YES NO Last 4. DATE Month Day Year 19 Roeder DEATH .Tanuary IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years B. DATE OF BIRTH last birthday) Months Haurs April 25. 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Washington, D. C. 14. MOTHER'S MAIDEN NAME M. Price 17. INFORMANT Address Records - Rosewood State Hosp.-Owings Mills INTERVAL BETWEEN ONSET AND DEATH Shigelosis with hemorrhagic diarrhea 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Institutionalized due to Mongaloid status. I week NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (Stote) foctory, street, office bldg., etc.) deceased from 12-21, 19.56 to 1-2, 19.57 that (1) (We) last 19.57, and that death accurred at 1:40 M, from causes and an the date stated above. 22b. DATE SIGNED STAFF ATTENDING PHYS. MED. DIRECTOR 3 Jan 167 PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Carroll County General Hospital Richard NAME (Type) Dr. 23d NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23g. BURIAL, CREMATION, (County) (Stote) BUEMQVALI(Specify) 1/5/67 Ft. Lincoln Colmar Manor P. G. Md. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR Marley Francis Gasch's Sons Hyattsville, Md.

VR A15 (4) 20 M 1/66

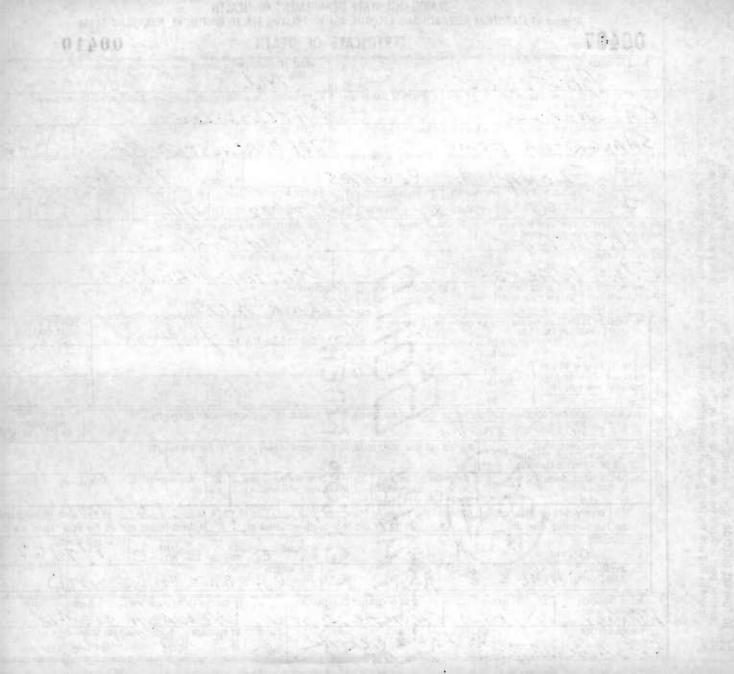
requires that the death certificate be executed within 24 haurs after death

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00407 CERTIFICATE OF DEATH 00410 death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. funeral s 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? HOME YES NO W 3. NAME OF Middle First Lost DATE Manth remave carban Day Year DECEASED OGER DEATH 19 (Type or print) IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER YEAR 7. MARRIED **NEVER MARRIED** last birthday) Manths Days Hours WIDOWED X DIVORCED 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removat 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war or dates af service crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. signed ! DUF TO burial, Canditians, if ony, which gave rise to immediate cause (a), DUE TO far use as the p f Health prior ta b stoting the underlying couse as the has been WAS AUTOPSY PERFORMED? PART II. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) mules NO YES this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year Haur a.m. 20d. INJURY OCCURRED (City or tawn) (State) (County) Nat While factory, street, affice bldg., etc.) at work at wark 21. 1 certify that (1) (this haspital) attended the deceased fram. 19 65 to 1967, that (1) (we) las PM, fram causes and an the date stated abave 1967, and that death accurred at 1 saw the deceased alive an 22a. SIGNATUR ATTENDING MED. DIRECTOR directar, page 3 shauld be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL I ONS NAME (Type) VILLE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) 2Sq. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

928 E. NORTH AVE

2Sa. REC'D BY REGISTRAR DATEJAN

2Sb. REGISTRAR'S SIGNATURE

(County)

22b. DAII

00411

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IF UNDER 1 YEAR

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12. CITIZEN OF WHAT

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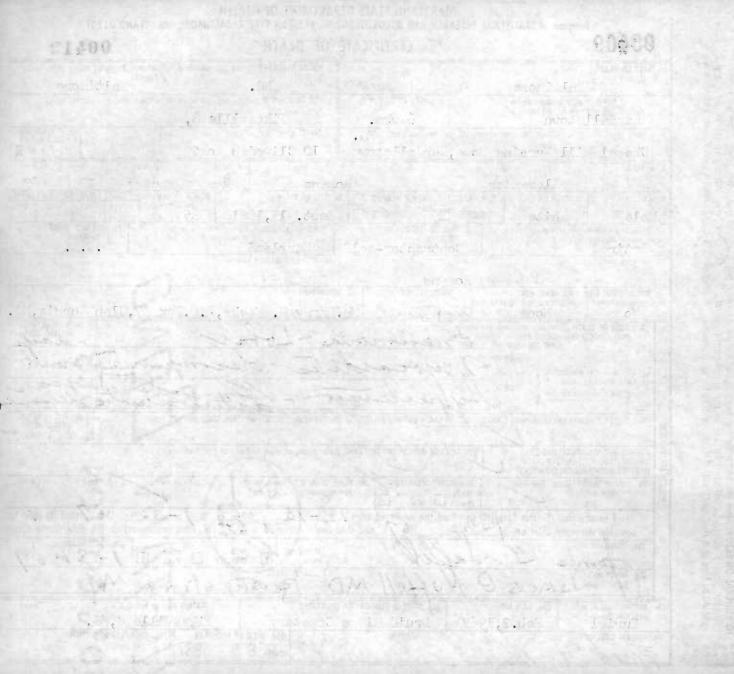
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00409 CERTIFICATE OF DEATH 00412 requires that the death certificate be executed within 24 haurs after death and and campletely filled in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Baltimore MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville 8. Wiss. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Chapel Hill Nursing Home Randellstown 10 Cliveden Road YES NO TO 3. NAME OF 4. DATE First Lost Month Doy Year DECEASED 19 67 Alexander Romans DEATH January (Type or print) 1 YEAR IF UNDER 24 HRS. 9. AGE (In years IF UNDER S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Months Doys Hours WIDOWED DIVORCED Male White Sept. 15.1881 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** ano Retired Contractor-self Maryland J.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME en Scol the attending p Romans WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. Harry H. Meeks, P.O. Box 87, Glen Burnie, NO NOME INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, form. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor be retained by the Hour o.m. Not While foctory_street_office bldg., etc.) ot work 19 ot work 21. I certify that (I) (this haspital) attended the deceased from 12 , and that death accurred at 43 M, fram causes and an the date stated above. saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS 22d. ADDRESS 224. PHYSICIAN'S NAME (Type) director, shauld NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 230. BURIAL, CREMATION, REMOVAL (Specify) Pikesville 8.Md. Druid Ridge Cemetery Feb. 2. 1967 urlal 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATEB 1967



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22d. ADDRESS	11 11
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OR CREMATORY 23d. LOCATION (City, lown of	or county) (State)
brew Baltimore, Mc	aryland
	aryland
	C. CITY OR TOWN (If outside corporate limits, write RU Baltimore d. STREET ADDRESS 3813 Menlo Drive Lest OF Month OF O

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00411 CERTIFICATE OF DEATH 00414 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. death, funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY BALTIMORE papers. Pages 1 hin 72 haurs after a DISTRICT OF COLUMBIA MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 43 DAYS WASHINGTON FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE = ON A FARM? filled 1901 16th Street, NW VETERANS ADMINISTRATION HOSPITAL NO K YES NAME OF Middle First 4. DATE carban \ Last Month Dov Year DECEASED 19 67 LOUISE VIRGINIA ROSS JANUARY 11 event. (Type or print) DEATH 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years birthdoy) Months Dovs Hours AUGUST 30, 1919 FEMALE NEGRO DIVORCED and in any WIDOWED oup during most of working life, even if retired) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? physician on please LEXINGTON. VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal. CARRIE ROSS NAME UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 14 23 02 CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH RUPTURE OF ANEURYSM OF LEFT VENTRICLE, ACUTE IMMEDIATE CAUSE (o) the haspital ar attending physician. by burial-tra DUF TO signed buria MYOCARDIAL INFARCTION RECENT Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse the ARTERIOSCLEROTIC CORONARY THROMBOSIS RECENT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PEREORMED? YES X NO ficate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH certi (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While OR ATTENDING ot work ot work 2). I certify that (x (this haspital) attended the deceased fram 11/29/66 1/11/67 ., 19___, that (we) last 19 ta O HOSPITAL OR ATTENE Page 4 may be retained 11/67 _, and that death accurred at 11:50PNom causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 1/12/67 M.D. PHYS. directar, page shauld be filed filed 22c. PHYSICIAN'S 22d. ADDRESS GEORGE DUDAS, M. D. FUNERAL NAME (Type) VAH FORT HOWARD, MARYLAND 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
BURTAL BALTIMORE, MARYLAND 9 BALTIMORE NATIONAL 2Sb. REGISTRAR'S SIGNATURE CARROLL FUNERAL HOME 24. FUNERAL DIRECTOR 1712 W. North Ave. Bartimore, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death, 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTYin by the fus. Pages 1 a MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) filled in I bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 2 executed within completely carbon 3. NAME OF DATE Middle Month DECEASED DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? PHYSICIAN: The law requires that the death certificate FATHER'S NAME MOTHER'S MAIDEN NAME attending print. Then INFORMANT Address (Yes, no, for Junkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b) INTERVAL BETWEEN and (c). ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) attendon.

has been significant to the burial, control of the burial of DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU WAS AUTOPSY THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hished for use of Health p PERFORMED? NO YES 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) Hour a.m. Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from. 19. . to. 19. ___, that (I) (we) last director, page 3 should should be filed with the M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at___ 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING PHYSICIAN'S 22d. ADDRESS NAME (Type) G.B.M.C. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial 1/30/67. Baltimore Cemetery Baltimore, Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214 VR A.15 (4) 20M 1/65

21900 Congestine Heart Felinie Contrary was prepared arthuradami lendemante dans Carcinoma of amfulla of Vator Column De Murdrence malami, erositta? . "Alota" retent Lower L. sei, Fr. Balto. Mr. 21214

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00413 00416 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) deloy 1. a. COUNTY a. STATE b. COUNTY Baltimore Maryland 10 death. Baltimore MARYLAND Deportment b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 2, and : within 72 hours after Lansdowne Lansdowne d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 236 Second Avenue the State [in Item 18. Give Poges 236 Second Avenue YES NO X hours after deoth. Office along with 3. NAME OF Middle 4 DATE Last Manth Year January 25, DECEASED 67 SR. ELMER C. RUSSELL (Type ar print) DEATH 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. ¥ Male birthday) Manths Days Haurs 6-27-1894 White WIDOWED DIVORCED ond 2 event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) during most of working lite, even if retired)
Retired Auditor INDUSTRY COUNTRY? poges I B & O RR rd "pending" in pencil in Chief Medical Exominer's Penna. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME certificate should be executed within Charles Russell ond Margaret IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) ((If yes give war or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. or removal, Mrs. Blanche C. Russell, 236 Second Ave. CAUSE OF DEATH (Enter only one cause per lige for (a); (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) used os a burial-tra buriol, cremation, o e, writing the word forworded to the Ch DUF TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION please execute the certificate. NO designated ogent, prior to pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) 3 should PRIMARY ar CONTRIBUTING 4 should CAUSE OF DEATH 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, office bldg., etc.) Nat While moy be retained for your FUNERAL DIRECTOR: Poge at wark ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 1 Inquiry and in my opinion the funeral director. death resulted fram: Natural causes Accident Surcide Hamicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Francis and 500 10. 212 2 SEPUTY MEDICAL EXAMINER EXAMINER'S Heolth o NAME (Type) 31 Address (Street, city, town, or county) deri 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 Meadowridge Cemetery REMOVAL (Specify) Howard County, Maryland 1-28-1967 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR ATSME (5 DATE JAN 1967 Marlas Howard H. Hubbard, 4107 Wilkens Ave. 21229

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. death certificate be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.

	DIVISION OF	MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN CERTIFICATE OF DEATH 00417
l.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before

	1.	PLACE OF DEATH a. COUNTY			E (Where deceased lived,		sidence before admission)
				a. STATE		COUNTY	
		Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If	outside corporate limits	s. write RURAL	and rive nearest town)
11		Write KURAL and give nearest town)					121
		Baltimore 12		Baltimo	re 12		03.1
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	ss)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
0		506 Overbrook Rd.		506 Ove	rbrook Rd.		YES NO X
	3.	NAME OF First Middle DECEASED		Last	4. DATE A	Month	Day Year
		(Type or print) Vasiliky	S	akelos	DEATH	1	22 19 67
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	7 8.	DATE OF BIRTH	9. AGE (In ye	ars IF UNDER 1	YEAR IF UNDER 24 HRS.
9		F WIDOWED DIVORCED		10-10-189	1 77	s.	Days Hours Min.
	10a dur	. USUAL OCCUPATION (Give kInd of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY		11. BIRTHPLACE (C	ounty & State, or foreign co	untry) 12. Cl	TIZEN OF WHAT UNTRY?
		Housewife Own Home		Greece		IIS	A
	13.	FATHER'S NAME		14. MOTHER'S MAIL	EN NAME		
		Constantine Hanges		Georgia	Papacouls	eluo:	
		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 1	17.	NFORMANT	A	ddress	
		s, no, or unkown) (If yes give war or dates of service) no 213-34-4532	Ma	a Poten	Califort	Abov	
	-		LIT.	s. Peter	Catagre	ADOV	INTERVAL BETWEEN
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]					ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Meyorachea	E.C	enforcede	on acute	۵	27cs
	-1	4001 DUE TO		1.1			
		Conditions, If any, which) (b) Christian Delers	gle	a larde	o vanules	Desuce	4+1/2
		gave rise to Immediate (1			
		underlying course less					
	3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	FLAT	ED TOTHE TERMINAL I	DISEASE CONDITION GIVE	N IN PART 1(a)	119. WAS AUTOPSY
2	Ĕ	TARTITOTIER SIGNITIONAL CONDITIONS CONTRIBOTING TO DESTROY	(FEAT	ED TOTTLE LEKWINALE	NOT COMPLICATION	141111 /1(1 2(4)	PERFORMED?
1	9						YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY O	CCUF	RED. (Enter nature of	f Injury In Part I or Part	II of Item 18.)	
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
-	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLAC	E OF INJURY (Home, fa	rm, 20f. (City or tow	n) (Cour	nty) (State)
	103	Wille I Not while I	actor	y, street, office bldg., e	tc.)		
	Σ	p.m. 19 at work at work	100	7 30	15 0	42	
		21. I certify that (I) (this hospital) attended the deceased from					Z, that (I) (we) last
		saw the deceased alive on Dec 271966, and	that	death occurred at	r:30/M, from the cau		
		22a. SIGNATURE		ATTENDING	MED STAFF	22b. DA	ATE SIGNED
		frederick to Volleur	M.D.	PHYS.	DIRECTOR PHYS.	D /-	23-67
		22c. PHYSICIAN'S		22d. ADDRESS			
		NAME (Type) F. Vollmer		6100 Y	ork Rd. F	Balto.	12. Md.
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET REMOVAL (Specify)	TERY	OR CREMATORY	23d. LOCATION (Ci	ty, town or cou	inty) (State)
1	E-	REMOVAL (Specify)			1/00 27		Md.
B		tombment 1-25-67 Woodlawn FUNERAL DIRECTOR ADDRESS		25a. RE	Woodlawr C'D BY REGISTRAR 255	. REGISTRAR"	S SIGNATURE
10		I.W.Jenkins & Sons Co.4905 York	BA		IAN 2 3 1967	Icho	res Jung
X	14	" " O OHIVING O DOME OO HAD TOLK	riu	· Prot BULL	ישטו אין אורע	0	0 0

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TO THE PERSON AS A PROPERTY OF THE PERSON OF

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00419 CERTIFICATE OF DEATH death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Baltimore b. COUNTY Maryland physician and campletely filled in by the fur ien ploase remave carban papers. Pages 1 MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town) 21214 Baltimore 'owson d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street oddress) 1806 Heathfield Road NO Joseph Hospita 4. DATE 3. NAME OF Middle First Month Doy Year DECEASED SCHOBER 11 Mary M . January th 67 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Hours 9-10-83 White Female WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY?U.S.A. INDUSTRY Baltimore, Md.

14. MOTHER'S MAIDEN NAME Homemaker 13. FATHER'S NAME remava George Kraus Wilheminia Brauch IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. C. Loretta Link I806 Heathfield Balto. 5 216 07 2262 TO HOSPITAL OR ATTENDING PHYSICIAN: The particular and by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the atterdisting page 3 should be defached for use as the burial-transit permitation, allow with the State Dept. at Health priar to burial, cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Myocardial Ischemia - Coronary arteriosclerosis IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which gove Arterial Embolism nse to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO F YES Cholecystectomy - Exploration of Common Bile Duct 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased fram Dec. 30th, 196, to Jan. 11 \$19.67, that (I) (we) last Jan.11 1967, and that death accurred at 4:05 M, from causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING Jan. 11 1967 DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Roberto O. Ferrer M.D. 7620 York Road. Towson 21204. Maryland. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, TREMOVAL (Specify) I/I4/67 Holy Redeemer Cem.

Balto. Md

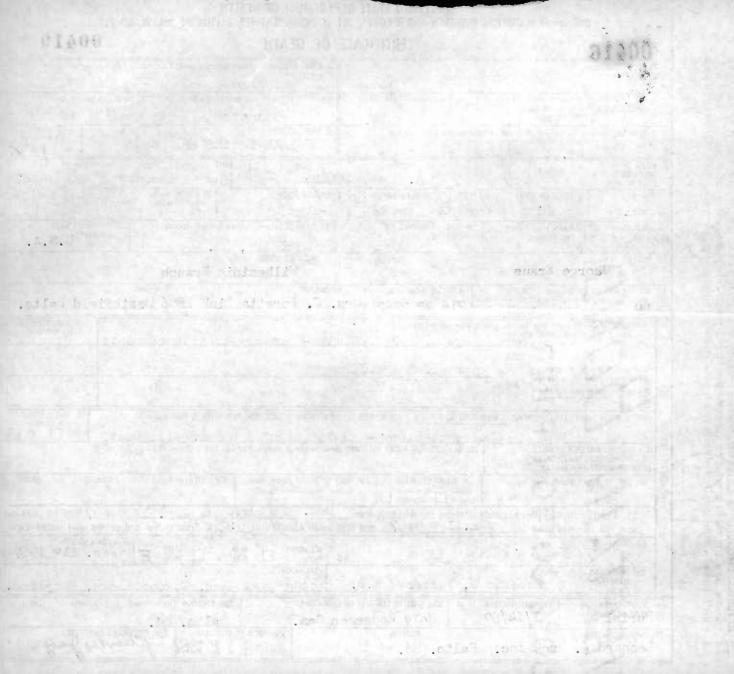
2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

Leonard J. Ruck Inc. Balto. Md.



ATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Baltimore MARVIAND Maryland b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph's Hospital 6207 Marglen Avenue YES NOT 3. NAME OF Middle DATE Month Year DECEASED OF (Type or print) Rose Schonhoff DEATH Jan. 30 19 67 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED ER 1 YEAR IF UNDER 24 HRS WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work CITIZEN OF WHAT COUNTRY? done during most of walking life, even if retired) Baltimore. Nd. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander McOy Katherine Goob 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, 10, or unkown) (Ifyesgive werordetesofservice) Mrs. Mary (. Thomas - 6207 Marglenn Avenue 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: EMBOLISM IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (Stete) fectory, street, office bldg., etc.) at work et work 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection 2 Inquiry 4 and in my opinion death resulted from: Natural causes Assident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER please exect 4 should be. TO FUNERAL 1 Health or its de SIGNATURE 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) Baltimore, Mryland Parkwood (emeteru 23. FUNERAL DIRECTOR VR A15ME ler Inc-6415 Belair Rd. -21206

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00427 requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. STAKE A ARYC ACUTO LTIMORE b. COUNTY_ MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 2807 HOLLINS FERRY BALTIMORE COUNTY HOSPITAL 3. NAME OF First 4. DATE S'CHULER DECEASED DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) WIDOWED and in any 11_BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done physician to please during most of working life, even if retired) INDUSTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Fred Schuler Barbara Achler 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no_or unknown) (If yes give wor or dotes of service) Mrs. Ada Schuler - same INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE AND Levio x Clerotic Hear Conditions, if ony, which gove rise to immediate couse (o), DUENTO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? Kenal pailine NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While of work of work 21. I certify that (1) (this haspital) attended the deceased from / -/5 -67, 19 to 1/19/67, 19___, that (1) (we) last saw the deceased glive on 1-19-67 19 and that death accurred at 11:20 M, from causes and on the date stoted above. 22b. DATE SIGNED 220. SIGNATURE ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S EVANGELINA NAME (Type) director, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) 24 Jan 1967 Baltimore National Cem. Baltimore, Maryland 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 George J. Gonce-4001 Ritchie Hgwy., Baltimore 25 1967 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEPTIFICATE OF DEATH

00422

:		17.00	.9		CLKIII	ICAIL	OI DEA	1111					
3		PLACE OF DEATH						IDENCE (Whe	ere deceosed	lived, if institut		ce before od	mission)
		o. COUNTY	Baltimore		MADA	/LAND	o. STATE	11	and I	b. COU	NTY RO	14.	ADE
	-	b. CITY OR TOWN	If autside carparate limit		c. LENGTH OF STAY I		c. CITY OR TOV	Maryl WN (If outside		limits, write RUI	RAL and give	nearest tay	vn)
•			d give neorest town)					Balti		,	12	1	,
		d NAME OF HOSPI	TAL OR INSTITUTION (IF no	nt in hospital	nive street address)		d. STREET ADD		morue		00	I e IS	RESIDENCE
LA					give street oddress)				0 001	0		01	A FARM?
0			TALLES ROA					TALLE					NO
		NAME OF DECEASED		rst	Middle		Last	4	. DATE OF	Mont		Doy	Year
	-	(Type or print)	MARIAN							JANUARY		WEAR THE	19 67
	S.		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	Н		AGE (In yeors lost birthdoy)	Months		JNDER 24 HRS.
	F	EMALE	WHITE	WIDOWED	DIVORCED					68 yrs.		.,	
	100	. USUAL OCCUPATION	N (Give kind of work done life, even if retired)	10b. K	IND OF BUSINESS OR		11. BIRTHPLACE	, ,				IZEN OF WE	AT
	uui	HOUSEW	IFE		AT HOME		BAL	TIMOR	E MINN	MEN MINER		UNIRY?	
	13.	FATHER'S NAME			A STATE OF THE		14. MOTHER'S	MAIDEN NAM	AE .		W.		-5 - 1
		BORIS	AIPER			0.00	ETT	- 1	?				
	15.	WAS DECEASED EVI	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. IN	FORMANT	-		Addre	ess	1000	
	(Ye	s, no, or unknown) NO	(If yes give wor or dotes	of service)	VKNOUN	MR	PARTO	SCHW	ADTTI	III - 10	5 NELS	2011	1711117
			EATH (Enter only one cou			MK	DUKIS	SCHU	AKIZM	AN 512	5 NEL		L BETWEEN
		PART I. DEA	TH WAS CAUSED BY:	0.	(0), (0), 6110 (0),	M.	edial	in	Jar	chen			AND DEATH
		1120	MMEDIATE CAUSE	, ,	use my	7000			0				
		Conditions, if ony	,	00	mary	arte	21,000	Que	vi.			7	
		rise to immedio	te couse (o), ((b)	1	, , ,	-0000	7					
		stating the unde	erlying couse	(c)									
			IGNIFICANT CONDITIONS (,,,	TO DEATH BUT NOT BEL	ATED TO T	UE TERMINAL DIS	CACE CONDI	TION CIVEN	IN DADT 1/-)		110 14/45	VICTORY
2	S	PAKI II. UINEK 3	^ -		-		HE TERMINAL DIS	SEASE CONDIT	HON GIVEN	IN PAKI I(0)			AUTOPSY FORMED?
	R		Depre			on						YES	NO 🔀
	CERTIFICATION	20o. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DE	ESCRIBE HOW INJURY O	CCURRED. (Enter noture of i	injury in Port	t I or Port II	of item 1B.)			
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
	MEDICAL	20c. TIME OF INJ Hour o.	URY Month, Doy, Year	20d. II While	NJURY OCCURRED Not While		E OF INJURY (Ho		20f. (City or town)	(Cor	inty)	(Stote)
	×		m. 19	of wor		10010	17, 311001, 0111000						
		21. I certi	fy that (I) (this has	pitol) atten	ded the deceased	fram		, 19_6	63, ta_	1-2	196	7, that	(1) (we) la
		saw the d	eceased alive an_	apri	1966,	and that	death occur	red at_	PM,	from causes			ated abov
		220. SIGNATURE	0 00	1	0.0		ATTENDING	ME	D	STAFF		TE SIGNED	
		Sta	uley 102	stein	Goth	M.D	PHYS.		RECTOR L	PHYS.] /-	22-6	>7
		22c. PHYSICIAN'S	1		77-1-		22d. ADDR		<,	1 2 1			
1		NAME (Type	DR. STANL	EY R.	STEINBACH			11	SLI	40€	AVENU	IE	
	230	. BURIAL, CREMATI	ON, 23b. DATE TH	EREOF	23c. NAME OF CEMI	ETERY OR C	REMATORY	1.74		TION (City or To		(County)	(Stote)
1		REMOVAL (Specify BURTAL	1/23/6	7	ANSHE E	MINAL	1	-	BA	LTIMORE.	MARY	LAND	
n	24	. FUNERAL DIRECTO	OR .		ADDRESS		2	So. REC'D B			GISTRAP'S S	IGNATURE /	1.100
3	S	OL LEVIN	SON & BROS.	INC	6010 REIS	TERST	OWN D	DATE JA	W TO	1901	4	rees	mage
	-	A DO DO A DO 1 A 1									-		

005500 THE MUNICIPAL PROPERTY. All The Alexander and accommon the second ding physician and completely filled in by the funeral Their please remove carban papers. Pages 1 and 2 removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

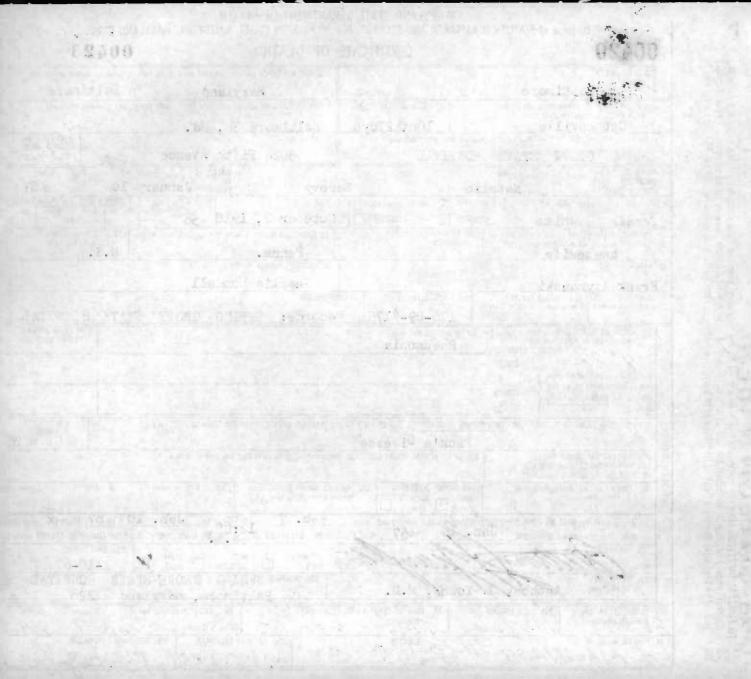
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0	ŧï	Ľ		47	
V	J		300	U	

CERTIFICATE OF DEA

00423

OUNCE			CEKTIFIC	CATE	OF DEATH			004	45
1. PLACE OF DEAT	Н			I	2. USUAL RESIDENCE (V	Where deceose			e befare admission)
a. COUNTY	Baltimore		MARYLA	NID I	a. STATE	rvland	b. COL	JNTY Ral	timore
h CITY OR TOW		ts	c. LENGTH OF STAY IN		c. CITY OR TOWN (If ou				
write RURAL	N (If autside carparate limi and give nearest town)	13,						DRAL ONG GIVE	A 2
Cat	onsville		10mth27dy	VS	Baltimore	34. M	id .	6	3./
d. NAME OF HOS	PITAL OR INSTITUTION (If r				d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
SPRING	GROVE STAT	E HOS	PITAL		3024 F	ifth A	venue		YES NO
3. NAME OF	F	irst	Middle		Last	4. DATE	Mor	nth	Doy Year
(Type or print)	Na	talie		Se	rovy	OF DEATH	Januar	y 10	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		AGE (In years	IF UNDER 1	
0 7		WIDOWED	DIVORCED		October 2,		last birthdoy)	Manths	Doys Hours Min.
female	white ION (Give kind of work done		IND OF BUSINESS OR				50 Yrs.	10 (17)	75N OF WHAT
during most of work	ing life, even if retired)		NDUSTRY		11. BIRTHPLACE (County	& State, at tare	ign country)	COU	ZEN OF WHAT
ho	sewife				Penna.			U.S	•
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME			
Frank A	zvmanski				Vearlie	Londel	1		
IS. WAS DECEASED	EVER IN U.S. ARMED FORCESS	16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Addı	ress	111111111111111111111111111111111111111
(Yes, na, or unknaw	n) (If yes give war ar dotes	af service)	176-09-8175	P	ecords: SP	DTMC	GROVE	STATE	HOSPITAL
10 CAUSE OF	DEATH /Cotor only one so			10	ecords. Dr	ILLING	CIW VE	DIMIN	INTERVAL BETWEEN
	DEATH (Enter only one co EATH WAS CAUSED BY:		Pneumonia						ONSET AND DEATH
110	IMMEDIATE CAUSE	(0)	Luanmonta						
473		10						147.79	
	iny, which gove	(b)	GIRTH LAND						
	derlying cause DUI	10							
last.)	(c)				No. 11			
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO TH	E TERMINAL DISEASE CON	DITION GIVEN	IN PART 1(a)		19. WAS AUTOPSY PERFORMED?
01			ck's Diseas				` ,		PERFORMED?
S 200 ACCIDENT	WAS UNDERLYING		ESCRIBE HOW INJURY OCCU	_	ntar natura of injury in I	Part 1 or Part	Il of item 10)		113 110 [2
OR CONTRIBUTI	NG CAUSE OF DEATH	200. 0	ESCRIBE HOW INJUNT OCCU	UKKLD. (E	mer notore or injury in r	ruii i oi roii	ii or iiein 16.)		
(IF EITHER, NOT	IFY MEDICAL EXAMINER)					Last		- 12	
20o. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT Hour	NJURY Manth, Doy, Year				OF INJURY (Hame, form y, street, office bldg., etc.)		(City ar tawn)	(Cour	nty) (Stote)
ž	p.m. 19	ot war	Not While of work	100101	y, street, office blug., etc.)				
21. I ce	rtify that 11) (this ha	spital) atten	ded the deceased fr	am	Feb. 7 .	2 60 to	Jan.	10,196	7, that () (we) la
saw the	deceased alive an_	Jan.	1967_, an	d that	death accurred at	2:42 M	, fram causes	and an the	(, that () (we) lo e date stated abay
22a. SIGNATU	RE	1	11. 11	Ham					TE SIGNED
1	Million	1>1	Mannen	M.D.		MED. DIRECTOR	STAFF PHYS.	1-	10-67
22c. PHYSICIA	N'S	7/1	11		22d. ADDRESS SP		GROVE'S		HOSPITAL
NAME (T)	(pe) Anthony	JA Yo	ung, M.D.			timore		and 21	
02- DUDIAL CREAT			23c. NAME OF CEMETE	ny on c	BP 11				
23a. BURIAL, CREMA REMOVAL (Spe	ATION, 23b. DATE TH	IEKEUP /	23C. NAME OF CEMETE	KT UK (I	EMAIUKT	1/.	ATION (City or To	De la composition della compos	Caunty) (State)
BREMOVAL (Spe		66	VI.MARK	1	EM.K.		IER L	DURRE	= LL, TA,
24. FUNERAL DIRE	. /	2 301	FREDERIC	H /	Yd	BY REGISTRA	and the second	REGISTRAR'S SIG	
C. G. M1	111 1/4/81	1-01	- 1-0- (1,0)	1 4		11 4 0	IAATO I	ml. I	2 0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendidirector, page 3 should be detached for use as the burial-transit permits should be filed with the State Dept. of Health prior to burial, cremation, ar respectively. VR A15 (4) 20 M 1/66

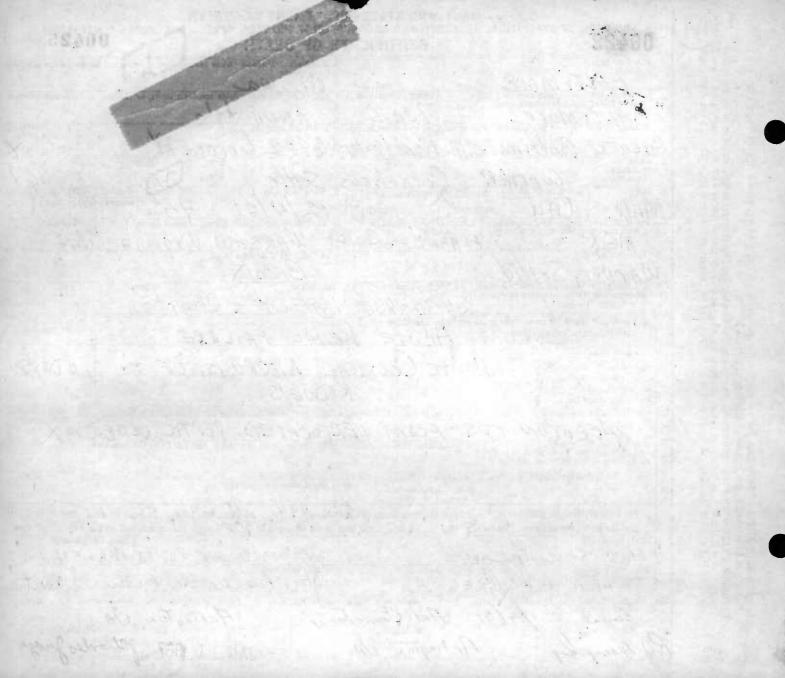


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00421 00424 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN**: The law requires that the death certificat<u>e be executed within</u> 24 hours after death. funeral and er death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE Maryland b. COUNTY Baltimore MARYLAND ely filled in by the f bon papers. Pages , within 72 hours affi the b. CITY OR TOWN (If autside corparete limits, write RURAL ond give nearest town)

Catonsville c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 405 Swann Avenue Summit Nursing Home NO X YES carbon NAME OF Middle lost Day Year completely DECEASED IRENE M. SESSIONS 29, 1067 January (Type or print) S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Davs 6-24- 1888 Female. White WIDOWED and in any DIVORCED p 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? A. Maryland Housewife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal phy en Caroline Blaney Henry Hellmann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) Miss Mary Louise Sessions, 405 Swann Ave. crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) or attending physician. signed by DUE TO burial, Canditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying cause prior to the has been last. use as 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO certificate ig O HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital 20g. ACCIDENT WAS LINDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc.) While Nat While at wark 21. I certify that (1) (this haspital) attended the deceased fram. 1967, that (1) (we) las 19 28 1967, and that death accurred at 2.15 PM, from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. M.D. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Dr. John C. Healy NAME (Type) 1311 Francis Avenue, Balto., Md. 23d. LOCATION (City or Town) (County) (Stote)
Baltimore County, Maryland 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) REMOVAL (Specify)
Burial 2-1-1967 Druid Ridge Cemetery 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 1967 Howard H. Hubbard, 4107 Wilkens Ave. 21229



	1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 331 W. PRESTON STREET, BALTIMORE 1, MARYLAND
)	- FOZ	00422 CERTIFICATE OF DEATH 00425
	24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death	1. PLACE OF DEATH a. COUNTY D. COUNTY D. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as STATE.
	after y the iges s afte	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	in b	BALTIMOLE 1 JOHNS ANNANDALE 83.3
		Greater Baltimore Medical Conter 6922 Terrace Pl. 9. IS RESIDENCE ON A FARM? YES NO X
	death certificate be executed within the tending physician and completely in permit. Then please remove carbon please, or removal, and in any event, within	3. NAME OF First Middle Last 4. DATE Month Oay Year DECEASED OF
	comple comple ve carb event,	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
	and remo	WIGOWED DIVORCED 12/4/21 4.5 yrs.
	icate be e physician in please r val, and in	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ificate g phy en pl oval,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	eath certifica tending ph rafit. Then n, or remova	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT , Address
	the tite the tite perafit, ation, or	(Yes, no, or unkown) (If yes give war or dates of service) 212-30-1230 PATIENT'S ChATT
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
	law requires that the attending physician. has been signed by the se as the burial-transit h prior to burial, creman	603X IMMEDIATE CAUSE (a) 100VE VENAL 14120NE
	quires ng ph sen si e bur to bur	Conditions, If any, which gave rise to Immediate out the cause (a) estating the DUE TO
	law relatendir	underlying cause last. (c)
	N: The latal or at tificate h for use for health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? PERFORMED? PERFORMED?
	PHYSICIAN: The law requires that the the hospital or attending physician. this certificate has been signed by ti detached for use as the burial-transit, e Dept. of Health prior to burial, creman	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part II or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHYSICIA the hospi this cert detached e Dept. of	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. (City or town) (County) 20g. (City or town) (City o
	OR ATTENDING be retained by JIRECTOR: After ge 3 should be ed with the State	p.m. 19 at work at work 21. certify that () (this hospital) attended the deceased from Dec. 29 H, 1966, to Yak. 5 H, 1967, that () (we) las
	OR ATTENDII be retained IIRECTOR: Ai ge 3 should ed with the S	saw the deceased alive on 1967, and that death occurred at 5'30'M, from the causes and on the date stated above
	AL OR A DIRECT DIRECT NATIONAL STREET NATIONAL	22a. SIGNATURE M.O. PHYS. MEO. STAFF YOUR 5 VA 1967
	TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	220. PHYSICIAN'S NAME (Type) NAME (Type) MAC GREGOR. 122d. ADDRESS Other. Balkinge he die al Centre
	Page 4 mg O FUNERAL director, p	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR REMOVAL (Specify) (State)
		19/67 HAL. Comelexy ARCLINGTON OA. 24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
	VR AI5 (4) 20M 1/65	Rg. Thereply ARINGTON US. DATE JAN 11 1967 Icharles Jusge
	2011 1/03	



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M O423 CERTIFICATE OF DEATH	ARYLAND 0426
1.	a. COUNTY 2 A TIMORE b. COUNTY A	sidence before admission
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A A A A A A A A A A A A A A A A A A A	and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS CREATER BAIFO. Medical Center 3411 CARROLL AUE NUE	e. IS RESIDENCE ON A FARM? YES NO X
3.	NAME OF First Middle Last 4. DATE Month	0ay Year 25 1967
5.	M WIDOWEO OIVORCED 1/9/7. 1896 last birthday) Months	YEAR IF UNDER 24 HRS Days Hours Min.
Re	TO, FURNITURE SALESMAN FURNITURE BALA. PA.	UNTRY? USA.
	EDMUND SHAW SR. 14. MOTHER'S MAIDEN NAME LYDIA MYER	5 9 7 10 2
1: (Y	Address Seno, or unknown) (Ifyesgive war or dates of service) 213-10-5760 Mess Katherine Q. Shaw Band	wroll fue
	18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHO PNEU MONI A	INTERVAL BETWEEN ONSET AND OEATH
	Conditions, If any, which \ CEREBRAL INFARCTION	ONE WEEK
	gave rise to immediate cause (a), stating the underlying cause last. OUE TO ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	2Da. ACCIDENT WAS UNDERLYING 2Ob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (Cour factory, street, office bidg., etc.) Factory, street, office bidg., etc.) P.m. 19 at work at work The course of the cour	ity) (State)
-	21. I certify that (I) (this hospital) attended the deceased from 12 - 28 - , 1966, to 1 - 25 - , 1967 and that death occurred at 12:30 PM, from the causes and on the	
	22a. SIGNATURE RED. STAFF 22b. DA M.D. ATTENDING MED. STAFF 1- DIRECTOR PHYS. 1-	TE SIGNED
	22c. PHYSICIAN'S EDATHIL K. S. NARAYANAN 22d. ADDRESS GREATER BALTIMORE	MEDICAL CENT L1204
23	Device for 28/67 Smid Redgeternetery Pikerille &	Mid.
24		signature res Judge

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the f Pages 1 urs after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Page within 72 hours write RURAL and give nearest town) hours .5 all miles d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled IS RESIDENCE d. STREET ADDRESS ON A FARM? NO /4 completely i YES within 3. NAME DE DATE Middle Last Month Day Year 4. DECEASED event, (Type or print) DEATH hoc 19 6/ executed and con SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) | Months Days Hours any AU WIDOWED DIVORCED [physician n please r and in 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even If retired) ER RETIRED 0 removal. 13. FATHER'S NAME attending I TCOrge 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMAN Address permit. 0 (Yes., no, or unkown) (If yes give war or dates of service) cremation, the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit burial, cremat ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) signed DUE TO Conditions, If any, which (b) been gave rise to Immediate the r to DUE TO cause (a), stating the 10 underlying cause last. has as Pri NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY r this certificate h detached for use te Dept. of Health p PERFORMED? CERTIFICAT YES NO the hospital 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) be de State factory, street, office bldg., etc.) Hour a.m. While Not While After may be retained by 19 at work at work P 21. I certify that (i) (this hospital) attended the deceased from 19 66. that (I) (we) last DIRECTOR: age 3 should iled with the and that death occurred at 3 PM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D. DIRECTOR PHYS. E E HOSPITAL TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) ADDRESS EUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 196 A15 (4) DATE

* Cardio major whom failure Uramia Carrina of Hadden Son 20, 67 Dec. 27 64 Jan 25 67 Robert W. Armith the served X ALLEGATION CONTRACTOR OF THE STATE OF THE ST

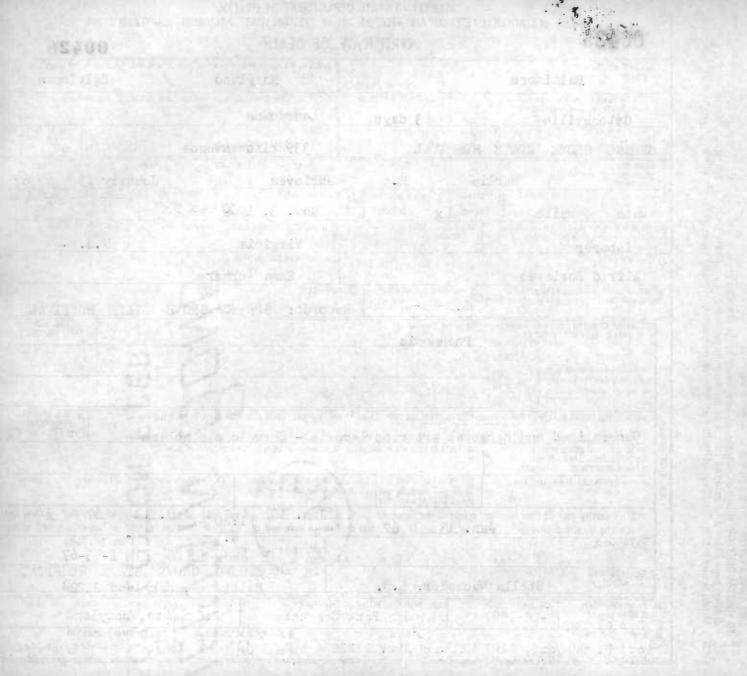
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00428

1. PLACE OF DEATH a. COUNTY Baltim	ore	MARYLAND	11	(Where deceased lived, if in b.		ce before admission)
b. CITY OR TOWN (If autside carpa	rate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	autside corporote limits, writ	e RURAL ond give	e nearest tawn)
write RURAL and give nearest to Catonsville	own)	3 days	Lansdown	10		13.1
d. NAME OF HOSPITAL OR INSTITUTI	ON (If nat in haspital, g		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
SPRING GROVE	STATE HOSE	TAL	339 Fif	th Avenue		YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Doy Year
(Type or print)	Berlie	M.	Shrieves	DEATH	Janua ry	
S. SEX 6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year		1 YEAR IF UNDER 24 HRS. Days Haurs Min.
male white	WIDOWED	DIVORCED	Nov. 3,	1903 XXX 63	rs.	bdys Hdors Hill.
10a. USUAL OCCUPATION (Give kind af w during mast af working life, even if retire laborer	ork dane 10b. KII ed) INI	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Count Virgin	ty & Stave, or foreign country)		TIZEN OF WHAT DUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
Alfred Shriev	es		Emma	Turner		
		SOCIAL SECURITY NO. 17	INFORMANT		Address	
(Yes, na, ar unknawn) (If yes give war	or dates af service) 21	5-09-4735	Daganda, CT	RING GROVE	CONTRACTOR	HOGDTMAT
			Records: SP	RING GROVE	STATE	HOSPITAL INTERVAL BETWEEN
18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	RY.	(a), (b), and (c).)				ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO					
PART II. OTHER SIGNIFICANT CONT	DITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Generalized a	nd cerebral	enterine de	rosis - Chro	mic alcoholi	em	YES NO F
20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DE (IF FITHER NOTIFY MEDICAL EXAMI	205. DE	SCRIBE HOW INJURY OCCURRE				
20c. TIME OF INJURY Month, Day Hour o.m. p.m.	y, Year 20d. IN While at work		LACE OF INJURY (Hame, fa actary, street, affice bldg., et		m) (Co	ounty) (State)
21. I certify that 🕸 (saw the deceased aliv	this haspital) attend	ded the deceased from,	Jan. 10 , not death occurred o	12670 to Jan	ises ond on t	ne dote stoted abov
22a. SIGNATURE	Stella Wa	ilester	M.D. ATTENDING PHYS.	MED. DIRECTOR PHYS.	□ 1 -	ATE SIGNED 13-67
	tella Wachs			altimore, Ma	ry land	
	DATE THEREOF 16-1967	23c. NAME OF CEMETERY C Loudon Park	Cemetery	23d. LOCATION (City Baltimo:	re, Mary	
24. FUNERAL DIRECTOR		ADDRESS			b. REGISTRAR'S	SIGNATURE
Howard H. Hubbard	1. 4107 Wil	kens Ave. 212	29	JAN 17 196	1 Tale	arley Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death



20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00429 CERTIFICATE OF DEATH 00432 by the funeral ... Pages 1 and 2 naurs after death PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE Maryland o. COUNTY Baltimore b. COUNTY Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Perry Hall filled in b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 4018 Klausmier Road Klausmier Road YES NO campletely fi nave carban Middle 4. DATE 3. NAME OF First Lost Year DECEASED W. JOHN SMI TH 190 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours Dec. 22. male white 1902 WIDOWED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? sician please Baltimore. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remava Albert J. Smith. Sr. Katherine Busky 17. INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs Marie F Smith 4018 Klausmier Rd 212-07-2939 crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per lige for (o), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE-TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION YES T NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 1949, 10/ James , 19<u>6</u>7, that (I) (we) lost 21. I certify that (1) (this hospital) attended the deceased from September 21. be retained 1967, and that death occurred at 9.50 M, from couses and on the date stated above directar, page 3 shauld should be filed with the sow the deceased glive on Jan 220 SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. M.D. 22c. PHYSICIAN'S ockey's Well Rd; Dr. Douglas Lockard NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL CREMATION. REMOVAL (Specify) 1/5/67 New Cathedral Baltimore, Md 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Leonard J. Ruck, Inc. - Baltimore, Md. 196

00432 and should be THE SELECTION OF THE PARTY OF T and waters . To be out to full real participation of the state of a season, we consider the constant TersynAl cultion of the sales Company of the Compan the second of th

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00433 00430 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY o. STATE h COLINTY and 3 ta of of death. Baltimore Maryland MARYLAND Anne Arundel partment CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) after (Manhatten Beach d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STRFET ADDRESS e. IS RESIDENCE ON A FARM? Rd. Dep hours Item 18. Give Pages 1, Benson Ave. & Beltway Overpass ate Lanyane Apts. Diving & Community YES NO 24 haurs after death. 3. NAME OF 4 DATE First Lost Month Year within 72 DECEASED PAUL WILLTAM SMITH (Type or print) DEATH 19 67 with 1 S SEX 9. AGE (In years 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED TO NEVER MARRIED 6/27/44 last birthdov) Manths Haurs WIDOWFD DIVORCED Male White 22 and 2 event 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT INDUSTRY dusheet where aleve Worker Md qquejry? any = pencil Exaprime 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within 2 Vera Keimig Jeremiah Smith gud = 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address rd "pending" ir Chief Medical E permit. (Yes, nargrunknown) (If yes give wor or dotes of service) remayal, Family Same 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH ы IMMEDIATE CAUSE (0) Crushing Head Injuries writing the ward burial, crematian, DUF TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse 0 SD lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION please execute the certificate, NO X agent, priar ta pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) 3 shauld PRIMARY For CONTRIBUTING CAUSE OF DEATH. shauld L'AL EXAMINER: Driver in auto-fixed object accident 20f. (City or town) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month. Dov. Yeor foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Not While of work 12:11 19 67 ot work Street Baltimore Md. designated 21. I certify that I took charge of the remains described above, held an Autapsy Inspection x Inquiry \, and in my apinian Natural couses , Accident X, Suicide , the funeral directar. death resulted from: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **FO DEPUTY** Health ar may be DEPUTY MEDICAL EXAMINER Rudiger Breitenecker, M.D. **EXAMINER'S** 1/7/67 Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY
Mendowridge 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town)
Elkridge (Stote) 50 REMOVAL (Specify)
Burial ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME 6M 1/66 McCully F M 237 Patapsco Ave 21 2 2 5 JAN 1967

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65

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Wm. Newcomer, M.D., Superintendent

PHYSICIAN'S

NAME (Type)

REC'D BY REGISTRAR

22d. ADDRESS

NAME OF CEMETERY DR CREMATORY

Mount Wilson.

25b. REGISTRAR'S SIGNATURE

(State)

Maryland

23d, LOCATION (City, town or county)

811435

Calcimore County

Libil Loon Ill Sanoil

Nount Wilson State Mospital Committee Post Post

Latingon egate nosth. M. Hagor State Hospital

Mr. Newcomor, M. D., Superintandent, Bount wilson, Mary Land

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, 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	DVI AND
6 -6M	00433 CERTIFICATE OF DEATH	10436
24 hours after death filled in by the funeral apers. Pages 1 and 72 hours after death.	PLACE OF DEATH	lence before wilmission)
24 hours after of filled in by the furnappers. Pages 1 and 72 hours after of 19	Baltimore MARYLAND MARYLAND BAL	FIMORE
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n 24 pape pape hin 7	BREATER BaHIMORE Medical Center 554 East 38th St.	YES NO W
death certificate be executed within 24 hours a secure attending physician and completely filled in by permit. Then please remove carbon papers. Pagion, of removal, and in any event, within 72 hours	I DECEASED O	Day Year
ted v	5. SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE On years IF UNDER 1 YE	5 1967 EAR IF UNDER 24 HRS.
xecu and (emov	PETRILE WITH WIDOWED DIVDRCED 12-12-81 85 yrs.	ys Hours Min.
be e sian se r	during most of working life, even if retired) INDUSTRY , COUN	
ate hysic plea	Registered Nurse Medical Weshington Co, Moi U. S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	S.A.
death certificate be a stending physician permit Then please charge of removal, and in	Jacob Spielmen Mary Joseph Phine	
9 9 5	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	NTERVAL BETWEEN
ires that the death physician. I signed by the atterburial-transit permit burial, cremation of	PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) Prouch parlumance [MMEDIATE CAUSE (a) Prouch	ONSET AND DEATH
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uires g ph) en si bur o bur	conditions, if any, which gave rise to Immediate (b) Writing-sclengthe wascular chalge	ce.
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M: The tal o liftical infical Hea	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CITY OF CONTRIBUTING CONTRIB	YES NO
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PHYS the I this detail	ZDc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Pactory, street, office bldg., etc.) County C	(State)
ATTENDING retained by CCTOR: After should be vith the State		that (I) (wa) last
TENI taine FOR: should	21. I certify that (I) (this hospital) attended the deceased from 1962, 30 %, 1966, to 30%, 1967, saw the deceased alive on 30%. 15% 1967, and that death occurred at 130%. M, from the causes and on the	,, that (I) (we) last date stated above.
OR AT DE FE SE 3 SE 3 SE 4 With the sed with	ATTENDING MED STAFF	SIGNED
TAL May AL D	22c. PHYSICIAN'S	5-61.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transi should be filed with the State Dept. of Health prior to burial, crem	NAME (Type)). MACGRESOR. Greater backwise hecho al	Centre
Pag Pag To Fi dire shor	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county	y) (State)
0	24, FUNERAL DIRECTOR MELLEN (CADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE TO THE STATE OF THE ST
VR AJ5 (4) 2DM 1/65	Prest Haven France Mchapet Trag, rud DATE JAN 19 1961 Juliane	ly Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00437 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00434 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland 0 Baltimore after death. MARYLAND Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **Phoenix** c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b and Phoenix d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? hours Office along with form Item 18. Give Pages 1, 3 Glenbrook Drive Waren Road, 4 Mi. E. of York Road YES NO 3. NAME OF 4. DATE Month Year within 72 DECEASED 1 19 67 Τ. SPILLERS MILTON (Type or print) DEATH IF UNDER 24 HRS. 8. DATE OF BIRTH IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED & 9. AGE (In years NEVER MARRIED lost birthdoy) Months Dovs Hours Male White WIDOWED DIVORCED 9/21/24 event 24 hours puo IDo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY poges 10 in ony e L STORE Georgia Meat Cutter OOD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil This certificate should be executed within Claude Spillers Tula Rackley File ond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) removal. 260-03-2152 Mrs. Velma T. Spillers 3 Glenbrook Dr. Yes WW II INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE (AUSE (0) Cranio-cerebral Injuries o e, writing the word farworded to the Ch buriol, cremation, DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse 0.5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? pleose execute the certificate, YES NO ogent, prior to 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld PRIMARY A or CONTRIBUTING CALISE OF DEATH Driver in auto-fixed object accident. 2Df. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. Not While foctory, street office bldg., etc.) Md. moy be retained for your FUNERAL DIRECTOR: Page Baltimore 1967 of work Phoenix ot work 21. I certify that I tack charge of the remains described above, held an Autopsy Inquiry , and in my opinion Inspection | death resulted from: Accident 32 Undetermined manner the funeral director. Natural couses Suicide [Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 DEPUTY MEDICAL EXAMINER 1/8/67 **EXAMINER'S** Heolth Address (Street, city, town, or county) NAME (Type) Rudiger Breitenecker, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, (Stote) 0 REMOVAL (Specify) Burial Cockeysville, Md. Dulaney Valley Cemetery 1/11/67 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) Wm. Cook-Brooks Towson 1050 York Rd. 21204

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00435 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE delay is and 3 ta oţ death. MARYLAND OR TOWN (If autside corporate lim c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) WOOD L 000 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d. STREET ADDRESS IS RESIDENCE ON A FARM? Office along with form with the State Dep Item 18. Give Pages 1, haurs after death. 3. NAME OF 4. DATE Last Year DECEASED OF DEATH (Type or print) with S. SEX AGE (In years B. DATE OF BIRTH IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Days Months Haurs DIVORCED WIDOWED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? be executed within 24 VID 0 USEW 13. FATHER'S NAME Ξ File and OF .= 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN1 Address (Yes, no, ar unknown) ((If yes give war ar dates of service) remaval, pending" 1B. CAUSE OF DEATH (Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OIL IMMEDIATE CAUSE (a) issary, please execute the certificate, writing the word funeral directar. Page 4 shauld be farwarded ta the Ch This certificate should crematian, DUF TO Conditions, if ony, which gove HROMBOSIS MON. rise to immediate cause (a). DUE TO stoting the underlying couse used as burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO its designated agent, prior ta 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) PRIMARY ar CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) far yaur Haur a.m factory, street, affice bldg., etc.) Not While FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held on Autopsy \(\preceq\), Inspection X Inquiry X ond in my opinion 5 may be retained for TO FUNERAL DIRECTOR Health or its designa deoth resulted from: Noturol couses Accident Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) NAME (Type) the 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LOCATION (City or Tawn) REMOVAL (Specify) Howard Co. Shepherd Good ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Munice VR A15ME (5) G. Howard Strong 3207 W. North Ave., DATE 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00436 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** 00439 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay is o. COUNTY o. STATE b. COUNTY Poge 0 BALTIMORE MARYI AND Maryland finast Stote Department b. CITY DR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) 2, and PM3. write RURAL and give nearest town) Pikesville d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? e word with farm 00 Mellinee Avenue 7118 Walnut Avenue 8. Give Pages YES NO T This certificate should be executed within 24 haurs after death. cote, writing the word "pending" in pencil in Heparts. Give Page 3. NAME OF First Middle Lost 4. DATE pronounced Doy Year DECEASED 25. 1967 DEATH January (Type or print) LAURA GEORGIA ANN STEPNEY IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR S. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH birthdoy) Months Dovs Hours 2/22/1891 death. WIDOWED DIVDRCED Female Negro 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Medicol Examiner's Of **INDUSTRY** COUNTRY? 72 hours ofter pages Private Family Maryland II.S.A Domestic Work 13. FATHER'S NAME pencil 14 MOTHER'S MATDEN NAME permit. File William Whiten Georgianna Whiten 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service word "pending" the Chief Medicol within Mrs Lilliam Hall 7118 Walnut La. PKS Md. NO CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH buriol-tronsit event Arteriosclerotic heart disease IMMEDIATE CAUSE (o) _ writing the word DHE TO ony Conditions, if ony, which gove (b) rise to immediate couse (a). forworded to = DUE TO D stoting the underlying couse puo 00 used removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTDPSY PERFORMED? YES X NO the certificote, be 1 be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port || of item 18.) 3 should should b PRIMARY I or CONTRIBUTING I 0 MEDICAL EXAMINER: CAUSE OF DEATH cremotion. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry and in my opinian be retained for burial, Natural causes X Homicide funerol director. death resulted from: Accident Suicide Undetermined manner please CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER K prior SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER January 26, 1967 necessory, **EXAMINER'S** Charles S. Springate, M.D. TO FUNER Health Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) 5 REMOVAL (Specify) Burial 130/67 Randallstown Md. Saint Thomas Cem 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15ME (5) marley more Herbert E. Nutter 3035 W. North Ave. Balt. 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00437 CERTIFICATE OF DEATH 00440 death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral remove carbon popers. Pages I and in ony event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Maryland Baltimore MARYLAND c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town Baltimore Mo. Catonsvi d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS 4626 Manordene Rd. Ridgeway Manor Home NO TY 4. DATE 3. NAME OF First Middle Lost Month Day Year DECEASED 1967 January 19, STEVENS AIJIII.I A BROTHERTON (Type or print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH birthdoy) Months July 3,1873 Days Hours White Female WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY ? during most of working life, even if retired) INDUSTRY Maryland Home Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sarah Moore Mattingly Morris Cole Brotherton 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) [(If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. Mrs. Sarah S. Duffy Same 218-22-4254 No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (d O FUNERAL DIRECTOR: After this certificate has been signed by Poge 4 may be retained by the hospital or ottending physician. DUF TO Canditians, if any, which gave rise to immediate cause (a). DUF TO stoting the underlying cause as the last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use MEDICAL CERTIFICATION Health YES NO Jo 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While at wark at work 195°C, to 21. I certify that (I) (this hospital) attended the decoosed from_ and that death occurred of P. M. from couses and an the date stated above saw the deceased alive on, 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 2308 Edmondson Ave. Christopher Mendelis NAME (Type) director, g 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, (County) (Stote) BEMOVAL (Specify) Baltimore, Md. 1-23-67 Mt. Olivet REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY liarles VR A15 (4) -Wiedefeld Home Inc DATE

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10	1	MARYLAND STATE DEPARTMENT OF HEALTH OUTSIGN OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00441	
	funeral and 2 r death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissi	ion)
	n 24 hours after c filled in by the fu papers. Pages 1 a flin 72 hours after c	BALTIMORE MARYLAND STATE BALTIMORE b. COUNTY	
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0	t ho	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 1345 HERKIMERST ON A FARM	ICE
	y fill	GREATER BALTIMORE MEDICAL CENTER 3316 LAKE AVENUE YES NO	
	executed within 2 and completely firemove carbon, parent any event within	3. NAME OF First Middle NAW Last 4. DATE Month Day Year OF OF COMMON DAY	
	car (car	(Type or print) ROSALED STIEGMANN DEATH PLANT - 28 19	7
	d co	NEVER MARKIED NEVER MARKIED A. DATE OF DIRTH S. DATE (III Years) Months Days Hours MI	IRS. in.
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	requires that the death certificate be ding physician. been signed by the attending physician the burial-transit permit. Then please or to burial, cremation, or removal, and	(Yes, no, or unkown) (If yes give war or dates of service) 218-01-5171 FAMILY - 3316 LAKE RUE.	
	the the ation	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	EN
	in. by by ansi	PART I. DEATH WAS CAUSED BY: RHEUMATIC HEART DISEASE ONSET AND DEAT	Н
	law requires that that the attending physician. has been signed bye as the burial-tranth prior to burial, creath	AII 6 X DUE TO	
	phys sig suri	Conditions, if any, which \ (b)	
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	RHYSICIAN: The law requires that the death certificate be exectly the hospital or attending physician. For this certificate has been signed by the attending physician and adached for use as the burial-transit permit. Then please remote Dept. of Health prior to burial, cremation, or removal, and in any	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PULMONARY COMPANY A BRONCHO NEW WAS AUTOPS PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19. WAS AUTOPS PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	the he this this detach)
	oing physicilists the hosp After this cerd be detached be detached state Dept. c.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State factory, street, office bidg., etc.)	
		21. I certify that (I) (this hospital) attended the deceased from 1-12, 1967, to 1-23, 1967, that (I) (we) I	
	Short short	saw the deceased alive on 1 23 19 67, and that death occurred at 2 PM, from the causes and on the date stated about 22a. SIGNATURE 22b. DATE SIGNED	ve.
	DIRE Se 3	ATTRIBUTE APP OTATE	
	SPITAL 4 may lERAL D tor, pag d be file	22c. PHYSICIAN'S NAME (Type) DIEL VA) / PAMOS M.D. PHYS. DIRECTOR PHYS. /-23-67	_
	SPIT 4 " 4 " 1 SPIT NER I d b	NAME (Type) EVELYN L. RAMOS, M.D.	
	TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: , director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	
	E E	BURIAL 1-23-6/ MERGOWRIDE REMORIATE TOWARD CONTO	
	w w	24. FUNERAL DIRECTOR ADDRESS ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE	
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THE RESERVE OF THE PARTY OF THE RHEUMATIC HEADT DISBIKE PULMONARY CHAPPELL & PREDICHARDEVINENTA 1-23 67 1-12 67 1-23 67 Enelogy & Pance p. Q. X 1-23-67 EVELYN L RAMOS MP. The Charles of the State of the Total Control of the Control of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00442 ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth deoth puo 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ond completely filled in by the funeral remove carbon popers. Pages 1 and 1. PLACE OF DEATH b. COUNTY Baltimore o. COUNTY a. STATE timore and in ony event, within 72 haurs after MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS 33 Cliffwood Rd. Nursing Home YES 🗔 NO T NAME OF First Middle 4. DATE Month lost Doy Year DECEASED Mignon (Type ar print) 7. DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years laste birthday) Months April 16, 1891. white emale WIDOWED DIVORCED Toa. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA during must of working life eyen if retired) INDUSTRY Penna. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Carson Loretta Adams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, y unknown) (If yes give war or dates af service) 217-03-1911DC James Glen Arm. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the haspital or ottending physicion. DUE TO signed Canditians, if ony, which gave rise to immediate couse (o), DUE TO stating the underlying couse hos been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO P TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) Haur o.m. factory, street, office bldg., etc.) Not While at wark at wark _, 19(2 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ directar, page 3 should should be filed with the and that death occurred at 40 PM/fram causes and an the date stated above saw the deceased alive an Min 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23g. BURIAL CREMATION. (County) (State) Moreland Memorial Cem. REMOVAL (Specify) Baltimore, Md. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 Ruck Inc Baltimore,

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00440 00443 2 death. be executed within 24 haurs after death the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND and in any event, within 72 haurs after b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO K NAME OF Middle DATE First Lost Month Day Year DECEASED JANUAM 26 19 67 DEATH (Type or print IF UNDER 1 YEAR S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH lost birthdoy) Months Days Hours W DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or fareign country) during most of working life, even if retired) INDUSTRY COUNTRY? PHYSICIAN: The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes af service burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by be retained by the haspital or attending physician. DUE TO Canditions, if ony, which gove rise to immediate couse (a). DUE TO as the stoting the underlying cause has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES 🛪 NO this certificate far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form. (City or town) (County) (Stote) Not While foctory, street, affice bldg., etc.) Haur o.m State ot work TO FUNERAL DIRECTOR: After _, 19 67, ta 21. I certify that (1) (this haspital) attended the deceased fram 19 67, that (1) (we) last 22 shauld 19 67, and that death accurred at 55% M, from causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. directar, page 3 should be filed v M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME, OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR **ADDRESS** DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00441 CERTIFICATE OF DEATH 00444 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) campletely filled in by the funeral love carbon papers. Poges 1 ond b. COUNTY a. COUNTY MARYLAND within 72 hours after CLENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corparate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If outside carporate limits. write RURAL and give nearest tawn Baltimore euro IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES NO Z be executed within NAME OF Middle 4. DATE Manth remove carbon Lost Doy Year OF DEATH DECEASED 19 (Type or print) AGE (In years last birthday) IF LINDER 24 HRS IF UNDER 1 YEAR DATE OF BIRTH S. SEX 6. COLOR OR RACE NEVER MARRIED H Months Days Haurs and in ony DIVORCED WIDOWED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? certificote nAW FFE 13. FATHER'S NAME MOTHER'S or removal, hen 551 16. SOCIAL SECURITY NO 17. INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? PHYSICIAN: The law requires that the death. outon (Yes, no, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY mo IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. DUF TO buriol, Conditions, if ony, which gave rise ta immediate couse (a), DUE TO stoting the underlying cause use os the to O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION of Heolth NO YES 10 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) be detoched Stote Dept. c 20e. PLACE OF INJURY (Home, form, (City or town) (State) TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) Haur o.m. Nat While factory, street, affice bldg., etc.) 19 at wark 21. I certify that (1) (this haspital) attended the deceased fram Dec. 18 1967, that (1) (we) last 1944. ta Jan. should 1967, and that death accurred at 450M, fram causes and an the date stated above saw the deceased alive an Jan. 17. 22a, SIGNATURE Obeland M.D. DIRECTOR director, poge 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S 4-E-332 NAME (Type)

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR Bm. Cook-Bocckis lowson Ire.

23g. BURIAL CREMATION REMOVAL (Specify)

23b. DATE THEREOF

Red. Md. Towson

23c. NAME OF CEMETERY OR CREMATORY

RIGER

CEMETERY 2So. REC'D BY REGISTRAR

23d. LOCATION (City or Town) WESTMINSTER (County) (State) MARYLANC

25b. REGISTBAR'S SIGNATURE

DATE JA

1 1 2 2 1 ASCUD Menland E. Day Catholic Samuel Carlot Company (1995) 4-8-33 at St Bellowed Met

MARYLAND STATE DEPARTMENT OF HEALTH

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2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral-director, page 3 shauld be detached far use as the burial-transit permit. Then prease remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior ta burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	00444			CERTIFIC	CATE	OF DEATH			004	27
0.		LTIMORE		MARYLA		o. STATE MAR	(Where deceosed I	ived, if institution: b. COUNTY	Residence before	ore odmission)
b.	. CITY OR TOWN (f outside corporate limit give nearest town)	5,	c. LENGTH OF STAY IN 1	1b	c. CITY OR TOWN (If o	utside corporote li	mits, write RURAL	ond give neore	est town)
F	ORT HOW	RD		15 DAYS		BALTIMORI	E		.50	4
d.	. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospitol, g	give street oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
V	ETERANS	ADMINISTRA	TION HO	SPITAL		2336 EDM	ONDSON A	VENUE		YES NO
	IAME OF	F	rst	Middle		Lost	4. DATE	Month	Do	y Year
(1	ECEASED Type or print)	ROB	ERT			TAYLOR	OF DEATH	JANUARY	29	19 67
S. SI	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH			UNDER 1 YEAR onths Doys	IF UNDER 24 HRS.
M	ALE	NEGRO	WIDOWED	DIVORCED		UNE 14. 189			צאָטע ו צווווט	Hours Min.
		(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Count	y & Stote, or foreign	country)	12. CITIZEN (
ST	ig most of working "EELWORKE FATHER'S NAME		IN	DUSTRY		KING WILL 14. MOTHER'S MAIDEN		TY, VA.	U.S.	
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15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. IN	FORMANT	TZA	HOSPITA	T	
	, no, or unknown)	(If yes give wor or dotes	of service)	2 01 92 09	CT	INICAL RECO		RT HOWAR		VT AND
	Conditions, if ony rise to immediat stating the unde lost. PART II. OTHER SI	e couse (o), rlying couse	(b) COR TO CONO	PULMONALE A	DIAC	FAILURE				YEARS MONTHS 9. WAS AUTOPSY PERFORMED?
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	saw the d	fy that (/) (this hareceased alive an_	JAN . 29	ded the deceased from 19 <u>67</u> , an	am_J. d that	AN. 14 , death accurred a	19 <u>67,</u> ta_ t <u>500P</u> M, fi	JAN. 29 ram causes and	d an the do	
	22o. SIGNATURE	Alu-Ch	160	ahu	M.D.	111131	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG	
	22c. PHYSICIAN'S NAME (Type	WON JU H	AHN, M.					RT HOWAR		
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00445	CERTIFICATI	E OF DEATH		00448
I. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	o. STATE Mar	Where deceased lived, if institution b. COUNTY	Harford /
 b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Catons viiie 	c. LENGTH OF STAY IN 16	Bel Air	utside carparate limits, write RURAL	and give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not Spring Grove State H		d. STREET ADDRESS Box 282 R	oute 2	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Florence	Middle S.	Thompson Thompson	4. DATE Manth OF January	Doy Year 2 1967
S. SEX 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 18 1-27→1882 /	9. AGE (In years birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County Maryland	& State, ar foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James S.? Beale		14. MOTHER'S MAIDEN	C 111. 1	ois
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of s	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address ng Grove State	Hospital
18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate cause (a),	Gastric mal	& Delya	dration.	INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of item 1B.)	
20c. TIME OF INJURY Manth, Day, Year Hour a.m. 19		ACE OF INJURY (Home, farr tory, street, affice bldg., etc.		(Caunty) (State)
saw the deceased alive an Ja	tal) attended the deceased fram I nuary 2 19 67, and the	dec. 14 , at death accurred at	19 <u>66</u> , to Jan . 2 12:20M, fram causes an	nd an the date stated abov
22a. SIGNATURE	Jachen' M	D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	January 2, 196
22c. PHYSICIAN'S NAME (Type) Amanoll	ah Joheri	22d. ADDRESS Spring	Grove State Hos	pital
230 BURIAL, CREMATION, 23b. DATE THERI	710		23d. LOCATION (City or Town	

25b. 1367

REGISTRAR'S SIGNATURE

25o. REC'D BY

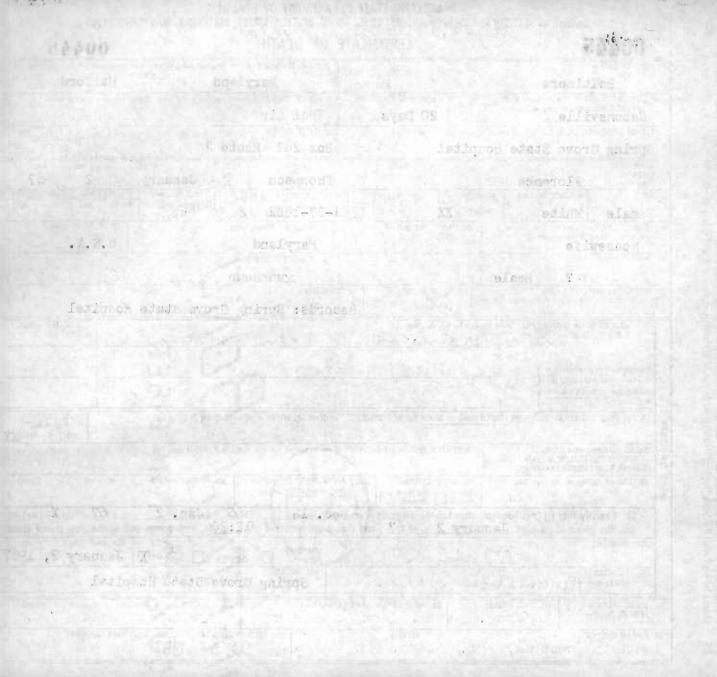
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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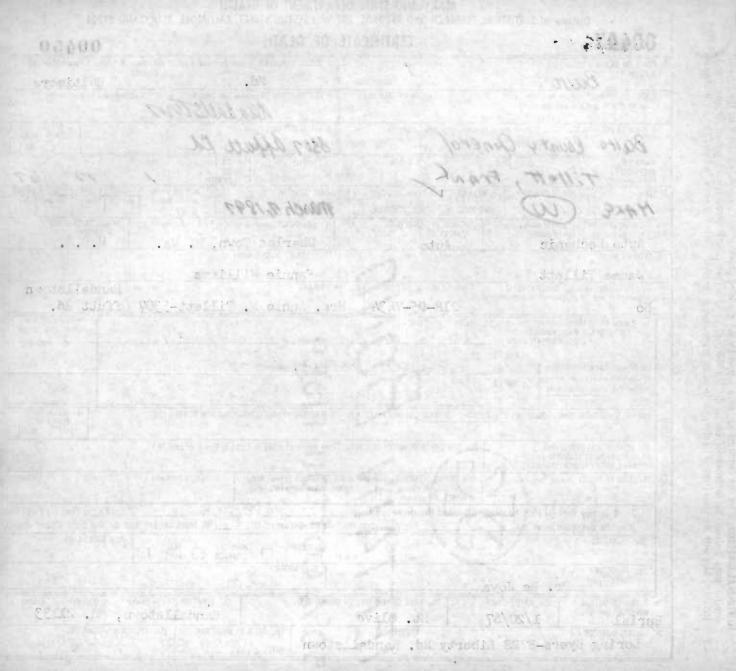
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00447 CERTIFICATE OF DEATH 00450 executed within 24 haurs after death. and completely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore hin 72 hours after MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO F 3. NAME OF pleose remave carban event, with Middle DATE Month Doy Year DECEASED FRANK 1967 (Type or print) DEATH IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED DATE OF BIRTH ast birthday) Months Doys Hours and in any WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY physician Auto Mechanic Charles Town, W. Va. requires that the death certificate Anto 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, signed by the attending phy burial-tronsit permit. Then James Tillett Fannie Williams 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Randallstown (Yes_no, or unknown) (If yes give wor or dotes of service) 218-05 Mrs. Annie M. Tillett-3307 Offutt Rd. No INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO ificate has been s far use as the b f Health priar tab stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/CONDITION GIVEN IN PART 1(6) CERTIFICATION NO FUNERAL DIRECTOR: After this certificate irectar, page 3 shauld be detached far us 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II of item 1B.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 shauld be detache shauld be filed with the State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor (County) (Stote) Hour o.m Not While factory, street, office bldg., etc.) While ot work ot work 17-20,1966, to 21. 1 certify that (1) (this haspital) attended the deceased from 2, 1962, that (1) (we) lost 19 67, and that death occurred at 3545M, fram causes and on the date stated above saw the deceased alive on. 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. De Joya 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23o. BURIAL, CREMATION. (County) (Stote) REMOVAL (Specify)
Burial Randallstown, Md. 21133 1/20/67 Mt. Olive ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Loring Byers-8728 Liberty Rd. Randallstown Charles

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00451 CERTIFICATE OF DEATH 00448 ond 2 death The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral papers. Pages 1 and 1. PLACE OF DEATH b. COUNTY a. STATE a. COUNTY Baltimore Marvland MARYLAND Baltimore and in any event, within 72 hours after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest tawn) b, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Owings Mills Owings Mills 50 yrs. IS RESIDENCE ON A FARM? d. STREET ADDRESS papers. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) YES NO X Rosewood State Hospital 4. DATE OF Manth Day Year 3. NAME OF Middle Last campletely fi First DECEASED 67 Todd, Jr. 19 Jan. John Daniel DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Manths Days Haurs 9/8/04 WIDOWED DIVORCED White Male 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind af wark dane **COUNTRY?** INDUSTRY during mast af warking life, even if retired) physician U.S. Somerset - Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, en Maud E. Kelly John Daniel Todd permit Th 16. SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) ((If yes give war ar dates af service) Records Rosewood State Hospital none burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) the signed by the burial-transit ONSET_AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar ta this certificate has been be detached for use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X secondary 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City ar tawn) (County) (State) 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While ot wark TO FUNERAL DIRECTOR: After , 19/7, to / - 2, 1967, that (1) (we) lost 21. I certify that (I) (this haspital) attended the deceased fram 4-319 67, and that death occurred at 10:35 AM, fram causes and on the date stated above. saw the deceased alive an 1 - 2 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR M.D. 22d ADDRESS 22c PHYSICIAN'S Joyce M. Boyd, M.D. NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23b DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) Baltimore City, Md. Greenmount Crematory Jan. 5, 1967 CREMATION 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR Melanles Wm. Cook- Brooks Inc. 1217 St. Paul St. VR A15 (4) 20 M 1/66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) writa RURAL end give naarast town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO M 3. NAME OF 4. DATE Day DECEASED OF DEATH (Type or print) 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED 1Da. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stete, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retirad A. A. Co., Md. reacher -13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SOCIAL SECURITY NO. | 17. INFORMANT . T. C. Affres Records) burgh , Pa. (and (Yas, no, or unkown) | (Ifyas giva wer or dates of sarvica) Arthur C. Toner, Jr. King Edward Apt., Pitts-18. CAUSE OF DEATH [Enler only one ceusa per the for (e), (b), end (c). ONSET AND DEATH DEATH WAS CAUSED BY: meumonia IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve risa to immedieta causa DUE TO (e), steting tha undarlying ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? NO 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) CERI MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, offica bldg., etc.) Whila Not While Hour e.m. at work et work p.m. 21. | certify that (1) (this hospital) attended the deceased from saw the deceased 22e. SIGNATURE SIGNED DIRECTOR PHYS. M.D. with the 22d. ADDRESS 22c. PHYSICIA 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF (Stete) REMOYAL (Spacify) 1967 Lorraine Park Cemetery Woodlawn, Balto. Co., 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR Stewart & Mowen Co., 108 W. North Av., City 1 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY, a. STATE by the f Pages 1 irs after COUNT after OLTTO MOVE MARYLAND 0 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) completely filled in by the carbon papers. Page yevent, within 72 hours a c. LENGTH OF STAY IN 1b c. CITY OR TOWN Of outside corporate limits, write RURAL and give nearest town) hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE 24 ON A FARM? YES NO executed within NAME OF 3. First Last 4. DATE Month Day Year DECEASED OF DEATH (Type or print) 196 6. COLOR OR RACE MARRIED SEX NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min e remo Months Days Hours WIDOWED DIVORCED 8 physician as please re 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? þe during most of working life, even if retired) **JNDUSTRY** 2.0 (5 certificate removal, FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the atten the burial-transit permit. In to burial, cremation, or Address death (Yes, no, or unkown) (If yes give war or dates of service) 14-70-11 CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH, PART I. DEATH WAS CAUSED BY: The law requires that the or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY TO FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use should be filed with the State Dept. of Health I PERFORMED? YES . NO T OR ATTENDING PHYSICIAN: be retained by the hospital 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (IL this hospital) attended the deceased from and that death occurred at 9:45 AM, from the causes and on the date stated above. saw the deceased alive on 19 SIGNATURE 22a. 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR HOSPITAL age 4 may M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR AI5 (4) DATE 20M 1/65

07150 EEROO From Hos Switted basis and Bathman Draw Howell Crester Satistica Medical Carte 28/82 8 Proposition Description Certical Troutage 1/44/08 58 Teacher School Boltman Md. USA Adam Andrew Transper Feldman 5415-010-1167 Metalohi Buset lansumer Mac. 14 My Jan 2 Life On Mr. Bruschaffer, AD UTL N OFFYER GAME CHAME IF SLIP HO.

3		L RESEARCH AND RECORDS		, BALTIMORE 1, MARYLAND
-	00451	CERTIFICAT		00454
	1. PLACE DF DEATH a. COUNTY		o CTATE ~	ased lived, If institution: Residence before admission) b. COUNTY
1	BALTIMOR	MARYLAND	M.D.	Thy Mo.
4	 CITY OR TOWN (if outside corporate I write RURAL and give nearest town) 	imits, c. LENGTH CF STAY IN 1b		prate limits, write RURAL and give nearest town)
	MARRIOTTS VILL	- 5	MARRIOT	
	d. NAME OF HOSPITAL OR INSTITUTION (d. STREET ADDRESS MARRIOTTSUI	e. IS RESIDENCE ON A FARM?
-	BONSECOURS PA	ROVINICAL (dous E	MAKIOTISUI	YES NO M
1	3. NAME DF First DECEASED (Type or print) SISTER	GERARD MAJEL	LATREACY 4. OATE OF DEATH	Month Day Year TAN. 11 19 67
1	6. COLOR OR RACE 7.			AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.
1	.0a. USUAL OCCUPATION (Give kind of work don luring most of working life, even If retired)	e 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, o	4 - COUNTRY?
-	13. FATHER'S NAME	RELIGIOUS	Service All Control	JREZAND SP.
	EDMUND	TREACY	14. MOTHER'S MAIDEN NAME	RYAN
-	15. WAS DECEASED EVER IN U.S. ARMED FORCI Yes, no, or unkown) (If yes give war or dates of ser	vice) 16. SOCIAL SECURITY NO. 17.	INFORMANT The Man Allin -	Address
=	18. CAUSE DF DEATH [Enter only one ca	nusc nor line for (a) (b) and (a) 3		porceres ses 45
	PART I. DEATH WAS CAUSED BY:	/ DP/W	11 Flenco r. In	INTERVAL BETWEEN ONSET AND DEATH
4	LIGAX IMMEDIATE CAUSE (a).	ZODAK P	INTURONIH	10870
	Conditions, If any, which			
	gave rise to Immediate			
	cause (a), stating the DUE TO underlying cause last. (c).			
7 80	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a) 19. WAS AUTOPSY
3				PERFORMED? YES NO NO
CEDITICIOATION	2Da. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER		RRED. (Enter nature of injury in Part	I or Part II of Item 18.)
13	20c. TIME OF INJURY Month, Day, Yea		CE OF INJURY (Home, farm, 2Df. (C	Ity or town) (County) (State)
MEDICAL	Hour a.m. 19	While Not While at work	ry, street, office bldg., etc.)	
1	21. I certify that (I) (this hospita		1965 , 19 , to	1/13 , 1967, that (I) (we) last
	saw the deceased alive, on/	//0/67 19 , and that	death occurred at 6:57M, from	the causes and on the date stated above.
	22a. SIGNATURE	7 20	ATTENDING MED	STAFF 22b. DATE SIGNED
	22c. PHYSICIAN'S	form M.D	. PHYS. DIRECTOR	PHYS. 1/14/67
	NAME (Type)		4804 Frans	BRIEK Die 29
2	3a. BURIAL, CREMATION, 23b. DATE THE	REOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCA	ATION (City, town or county) (State)
0 -	24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGIST	RAR 25b. REGISTRAR'S SIGNATURE
1	Farley Coronaus	CJ. H - Catarwel	4 My note N 1 8 100	7 Molanlas Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21261 00452 CERTIFICATE OF DEATH 00455 death. filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE BALTIMORE MARYLAND and in any event, within 72 hours after MARYLAND within 24 haurs after b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) 58 DAYS BALTIMORE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 2811 DELAWARE AVENUE YES NO A 3. NAME OF First Middle Last 4. DATE Year DECEASED TRIPP OF DEATH ARTHUR JANUARY 19 67 EIMER (Type or print) requires that the death certificate be executed S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthday) Manths Doys Haurs WHITE 3/17/05 MALE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during roost of working life, even if retired) COUNTRY? **INDUSTRY** BALTIMORE, MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar removal, EVERHART TRIPP ROSA WEBER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give war or dates of service) 219 10 75 82 CLINICAL RECORDS, VAH, FT. HOWARD, MAKYLAND INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH ASPIRATION PNEUMONIA IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUF TO burial, AMYOTROPHIC LATERAL SCLEROSIS YEARS Conditions, if ony, which gove rise to immediate couse (a). DUF TO stating the underlying cause FUNERAL DIRECTOR: After this certificate has been irectar, page 3 shauld be detached far use as the d far use as the af Health priar ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CHRONIC BRONCHITIS NO 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While at wark at wark 21. I certify that (1) (this haspital) attended the deceased from 11/7/66 1/4/67 __, 19____, that (X) (we) last . 19 , ta directar, page 3 shauld should be filed with the and that death accurred at 5:40PM causes and an the date stated above. 1/4/67 saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE Carmelita ATTENDING 14/66 M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CARMELITA CENDANA, M. D. VAH FORT HOWA RD. MARYLAND 23b. DATE THEREOF 1/9/67 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL, CREMATION (County) (State) REMOVAL (Specify)
BURIAI BALTIMORE NATIONAL BALTIMORE. MARYLAND REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

.99 CONTRACTOR OF THE PARTY 3/11/6 CREATE AND ADDRESS OF THE PARTY 219 16 75 82 83 83 19 20 - 12 19 20 - 12 19 19 20 27 19 19 19 19 Conserve of the second of the second

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00453 CERTIFICATE OF DEATH 00456 The law requires that the death certificate be executed within 24 haurs after death deathr the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b COUNTY BALTIMORE MARYLAND MARYLAND ent, within 72 hours after c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carporote limits, c. CITY OR TOWN (If outside cornorate limits, write RURAL and give nearest town) FORT HOWARD 172 DAYS BALTIMORE d. STREET ADDRESS 3302 CLARKS IS RESIDENCE campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) LANE. ON A FARM? VETERANS ADMINISTRATION HOSPITAL NO X YES 3. NAME OF First carban DATE Manth Lost Day Year DECEASED S. JANUARY 17 67 BARNEY TUCKER DEATH 19 (Type or print) IF UNDER 1 YEAR LIF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years SSEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) Months Davs Haurs 9/11/06 WHITE MALE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) OUNTRY? and STORE NEW YORK, N. Y. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, IDA HOROWITZ HYMAN TUCKER 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, ar unknown) (If yes give war ar dates of service) 218 22 59 63 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

RTCHT TOWER INTERVAL BETWEEN burial-transit ONSET AND DEATH RIGHT LOWER LOBE PNEUMONIA, UNDETERMINED ORGANISM IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician. DUF TO burial, Conditions, if ony, which gave rise to immediate cause (a) DUF TO as the priar tak stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been BRAIN TUMOR, LEFT CEREBAL, UNCLASSIFIED TYPE WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) RUPTURE OF MID ESOPHAGUS. BENIGN PROSTATIC HYPERTROPHY NO far 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 ar Part 11 af item 18.) OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice blda., etc.) Not While at wark at wark 21. I certify that (IX(this haspital) attended the deceased fram. 7/29/66 . 19 ____, that 34) (we) last and that death accurred at 10:15AM ram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING 1/18/67 director, page 3 shauld be filed v M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NEILON NEILSON, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION, BURLAL (Specify) Maryland Free State Jewish War Veterans 1/19/67 Cemetery Rosedale Maryland 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Melanley VR A15 (4) 20 M 1/66 1967 Sol Levinson & Sons Reisterstown Rd. Baltimore, Md.

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Sol invitate & Bone (Al. 1981) Pro He

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 00457 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY Baltimore Baltimore Maryland MARYLAND Department after death. ecessary, le funeral may be CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TDWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH DF STAY IN 1b 21222 Dundalk Dundalk vears the 5 d. STREET ADDRESS d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE delay nd 3 to Page ON A FARM? State hours Fairway 2499층 Fairway YES NO X 2, and PM3. 3. NAME OF First Middle DATE Month OF DEATH DECEASED (Type or print) EDMIIND HARWOOD TURNER January 14th 1967 after death. If an Give Pages 1, 2 ong with form P 2 with within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR DR RACE DATE OF BIRTH NEVER MARRIED last birthday) | Months | Days mal e white 113 WIDDWED DIVDRCED l and event 12. CITIZEN OF WHAT 10a, USUAL DCCUPATION (Give kind of work done i 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (State or foreign country) CDUNTRY? during most of working life, even if retired) INDUSTRY Mill Wright Tel. Mfgr. Maryland USA ong ges l any 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME CAL EXAMINER: This certificate should be executed within 24 hou, the certificate, writing the word "pending" in pencil in flem 4 should be forwarded to the Chief Medical Examiner's Office. George G. Turner Emma K. Knoble File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIALSECURITY ND. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 219-180 removal. permit. WWII-KOREA Loretta H. Turner. same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (a), and (c) INTERVAL BETWEEN DNSET AND DEATH I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) DUF TD Conditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating the Ø underlying cause last. used as to burial WAS AUTOPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) CERTIFICATION PERFORMED? NO 🔀 YES 3 should be agent, prior 20b. DESCRIBE HDW NJURY DCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE DF DEATH. MEDICAL 20c. TIME DF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work ___ at work and In my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection FUNERAL DIRECTOR: Health or its design Undetermined manner Accident Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER your execute . Page 4 ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for DEPUTY MEDICAL EXAMINER X. Dundalk Md. Address (Street, aty, town, or county) **EXAMINER'S** please ex director. retained Theodore C. Patterson.M.D. NAME (Type) 23c. NAME DF CEMETERY OR CREMATDRY 23d. LDCATIDN (City, town or county) BURIAL, CREMATION. 0 REMOVAL (Specify) Oak Lawn Cemeterv Baltimore Co., Maryland Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE alter nc., Dundalk.Md. Bradley. DATE Brooks 3500 4-64

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6:	1(M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
2	h.	00455 CERTIFICATE OF DEATH 00458
1	death. funeral and 2 death.	1. PLACE OF DEATH a. COUNTY / 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY / /
	s after by the f Pages 1 irs after	Battimore MARYLANO Ma Battimore
	24 hours after filled in by the papers. Pages 1 in 72 hours after	write RURAL and give nearest town)
	hours ed in by ers. Pa	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS. le. IS RESIDENCE
	ithin 24 hc	Baltimore County General 6628 Sanzo Rd VES NO
	executed within and completely remove carbon any event, with	3. NAME OF OCCEASED (Type or print) MILTON UHLFELDER DEATH JAN 29 1967
	comple comple ve carl event,	5. SEX 6. COLOR OR RACE 7 MARDIEO MEYER MARDIEO 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IIF UNDER 24 HRS.
	and co	M WIOOWED OIVORCED 6-27-04 Last birthday) Months Oays Hours Min.
	C .=	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	tificate be	13. FATHER'S NAME USA 14. MOTHER'S MAIOEN NAME USA
	certificate nding phys Then ple removal, a	David Uhlfelder Rosa ?
	ath cerl attendin rmit. Th	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	e death the atter it permit	No (1 (1 yes give war or dates of service) 215-24-6426 Mrs. Sara Uhlfelder, 6628 Sanzo Rd.
	the by the sma	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
		HAZZ / OUE TO
	ires th physic n signe burial-1 burial-1	Conditions, If any, which gave rise to immediate (b)
	require ding pl been s the bu or to bu	cause (a), stating the OUE TO
	law atten has e as e as	
	The safe	PERFORMED? YES NO X
	OR ATTENDING PHYSICIAN: The law be retained by the hospital or atten NRECTOR: After this certificate has ge 3 should be detached for use as ed with the State Dept. of Health price	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	ING PHYSICIAN by the hospit After this certi be detached State Dept. of	
	by the ter ter ter tate tate	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20m. 19 20m. 20m
		21. I certify that (I) (this hospital) attended the deceased from / 1946, to 2 an 29, 1967, that (I) (we) last
	retai CTO Sho vith 1	saw the deceased alive on 1967, and that death occurred at 1967M, from the causes and on the date stated above.
	AL OR DAR DAR DAR DAR DAR DAR DAR DAR DAR DA	M.O. ATTENOING MEO. DIRECTOR DIRECTOR PHYS. Jan 29 1967
	HAL MAL	22C. PHYSICIAN'S NAME (Type) SAMUEL VI TOMPAKOV, MD 3600 PARIX HEIGHTS AVE
	TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR, director, page 3 shoul should be filed with the	JATIOLE OF THE CONTROL OF THE CONTRO
	5 5 5 P.	23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, toyn or county) (State) REMOVIAL (Specify) 1/30/67 Baltimore Hebrew 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	1.6	24. FUNERAL DIRECTOR ADDRESS 25a. REG'O BY REGISTRAR'S SIGNATURE
	VR AI5 (4) 20M 1/65	Sol Levinson & Bros. Inc., 6010 Reisterstown DATE FEB 2 1967 fliendes Judge

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SAMUEL VITORPAREN MD 3600 PARK HEIGHTS

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ltem 236 Film G305 1/21/67 mh

00456	CERTIFICATE	OF DEATH		00459
1. PLACE OF DEATH 0. COUNTY BALTIMORE	MARYLAND	o. STATE MARY	there deceased lived, if institution: R LAND b. COUNTY	WICOMICO
b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If aut	tside carparate limits, write RURAL a	nd give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If nat in has		d. STREET ADDRESS	TIAE	e. IS RESIDENCE
			CHARTO	ON A FARM?
VETERANS ADMINISTRATION 3. NAME OF First	Middle	Lost	STREET 4. DATE Month	YES NO X
DECEASED (Type or print) HARRY		ALENTINE	OF JANUARY	23 1967
S. SEX 6. COLOR OR RACE 7. MAI MALE WHITE WIDO	RRIED NEVER MARRIED 8	9/25/12	last birthday) Mo	UNDER I YEAR IF UNDER 24 HRS. Onths Doys Hours Min.
7 7 10 10	U. S. ARMY		State, ar fareign country) NGE, MONTANA	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
RICHARD E. VALENTINE		AGNES RASS	MUSSEN	The Report Park
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war or dotes of service)		NFORMANT NICAL RECORI	Address OS, VAH, FT. HOW	ARD, MARYLAND
18. CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine far (a), (b), and (c).) INFARCTION OF MY	OCARDIUM		INTERVAL BETWEEN ONSET AND DEATH RECENT
rise to immediate cause (a)	THROMBOSIS OF COR	ONARY ARTERI	ŒS	UNKNOWN
stating the underlying couse DUE TO lost. (c)	ARTERIOSCIEROTIC I	HEART DISEAS	SE	UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in P	Port I or Part II of item 18.)	
O Haus am		E OF INJURY (Hame, farm, bry, street, affice bldg., etc.)	, 20f. (City or town)	(County) (State)
21. I certify that (DC(this haspital).	attended the deceased from	12/16/66 , 1 death accurred at		, 19, that (1) (we) la
22a. SIGNATURE & Jabouras).M.	D. PHYS.	MED. STAFF DIRECTOR PHYS. 3	22b. DATE SIGNED 1/23/67
22c. PHYSICIAN'S NAME (Type) JORGE A. FA	BARA, M. D.	VAH FOF	RT HOWARD, MARYL	AND
230. BURIAL, CREMATION, REMOVAL (Specify) 1/26/67	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town) ARLINGTON, V	(Caunty) (State)
24. FUNERAL DIRECTOR	MESSICK FUNERA		BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE Judge

BIVALVE, MARYLAND

certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending DIV clain and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00457 CERTIFICATE OF DEATH death executed within 24 haurs after death and campletely filled in by the funeral remove carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE BALTIMORE MARYLAND MARYLAND event, within 72 hours after BALTIMORE b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 13 DAYS FORT HOWARD BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL 1827 REDWOOD AVENUE NO Y 3. NAME OF First 4. DATE DECEASED 1967 HARRY LEE VAN HORN DEATH JANUARY (Type or print) S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months WIDOWED DIVORCED and in any OCTOBER 17. 1894 MALE WHITE 10a, USUAL OCCUPATION (Give kind of wark done 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign country) requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? PITTSBURGH PENNA.

14. MOTHER'S MAIDEN NAME U.S.A. FACTORY PAYMASTER 13. FATHER'S NAME CLARA HOBURG CORNELTUS VAN HORN VA HOSPINAL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) CLINICAL RECORDS FORT HOWARD, MARYLAND 214 01 36 27 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).
PART I. DEATH WAS CAUSED BY: FSOPHAGEAL. INTERVAL BETWEEN burial-transit ESOPHAGEAL VARICES AND ULCERATION WITH HEMORRHAGE ON RECENT IMMEDIATE CAUSE (a) signed by DUF TO YEARS Conditions, if ony, which gave CIRRHOSIS OF LIVER rise ta immediate couse (o), DUE TO far use as the t f Health priar ta b stating the underlying couse Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PEREORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) BRONCHOPNEUMONIA, BILATERAL AND GENERALIZED ARTERIOSCIEROSIS NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur o.m foctory, street, affice bldg., etc.) Nat While at wark at work 21. I certify that () (this hospital) attended the deceased from NOV 19 , 19 66, to JAN 1 , 1967, that () (we) lost saw the deceased olive on JAN 1 1967, and that death occurred at 650A M, from causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE MED.
DIRECTOR STAFF PHYS. ATTENDING director, page 3 should be filed v 1/3/67 M.D. PHYS. 22d VAH FORT HOWARD, MARYLAND 22c. PHYSICIAN'S JOHN D. TALBERT, M. D. NAME (Type) 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) BALTIMORE. MARYLAND BURNS FUNERAL HOME 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR 610 YORK ROAD, BALTIMORE, MD

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0046 00461 FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) a. COUNTY O. STATE ILLARY LAND. COUNTY 2, and 3 to P.M3. Poge ALTIMORE MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) within 72 hours after NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address Office along with form in Item 18. Give Poges 1, RING GROUE STAFE trose, NAME OF Wills oMiddle 4. DATE Doy Year DECEASED (Type or print) IHOMAS 196 DEATH S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED birthdoy) WIDOWED DIVORCED 24 hours 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY poges I ALTIMORE e, writing the word "pending" in pencil in forwarded to the Chief Medical Examiner's 13. FATHER'S NAME EDRGE 14. MOTHER'S MAIDEN NAME This certificate should be executed within R. VICKERS HELEIN 01445 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor ar dates of service) CHART NONE 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED 8Y: ONSET AND DEATH CHIZOPHREN. A DUE TO 21 CATA TON burial, cremotion, EPILEPSY. Canditians, if ony, which gove ASPIRATION OF FOOD rise to immediate couse (a). stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? the certificate. YES NO ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page of work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry and in my apinian the funerol director. death resulted fram: Natural causes Accident . Suicide . Hamicide . Undetermined manner 7:00 PM CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health NAME (Type) Address (Street, city, town, or county) 23a. 8URIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Burial Green Mount Cemetery | Balt Raltimore Maryland 13.1967 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66 Milarley Juage STEWART & MOWEN CO., 108 W. North Av., Balto. DATE IAN

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00459 CERTIFICATE OF DEATH 00462 filled in by the funeral papers. Pages 1 and 2 thin 72 haurs after death. **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY BALTIHORE ALTIMORE MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) BALTIMORE COUNTY BALTINORE COUNT d. NAME OF HOSPITAL OR INSTITUTION (If not in hyspital, give street address) d. STREET ADDRESS ON A FARM? filled 8141 LOCHRAVEN BAT Foch RAVEN Bao. BALTINGARE YES NO A NAME OF Middle 4. DATE carban event, wit First Last Manth Day Year DECEASED OELKED 21 MARV 1HERESA 67 (Type ar print) DEATH 19 S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) WHITE 18 5 and in any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? US BALTIMORE HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ADAM MUELLED MARV Address 18 ALI 1901E 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO MRS. MARY (Yes, na, ar unknown) (If yes give war ar dates af service) 8144 DOCHRAVEN 220 2ROW cremation, 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEAT PART I. DEATH WAS CAUSED BY CVA ACUTE IMMEDIATE CAUSE (a) by the haspital ar attending physician. DUE TO HYPERTENSIVE CARDIOVALCULAR DISEASE Canditions, if ony, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause 20 as the ficate has been ARTERIO SCLE ROSIS GENERAL 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Health mo NO YES (far 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached for the Dept. af H this certif (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Haur a.m. Not White factory, street, affice bldg., etc.) Affer 21. I certify that (IV) this haspital) attended the deceased from 1967, and that death accurred at 1950, M. 19 67, that (1) (we)-last O HOSPITAL OR ATTEND Page 4 may be retained saw the deceased alive on 1/20 M, from causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED aneu hairs directar, page 3 should be filed v M.D. DIRECTOR PHYS 1967 PHYS. 22c. PHYSICIAN'S 22d. ADDRESS FUNERAL BELLONA 7028 BALTINON NAME (Type) DEDIC 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Tawn) (Caunty) (State) BUT AL (Specify) Holy Redeemer Cem 0 Baltimore. Md. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 7110 Belair Rd. Dippel Bro's. Inc. 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00463 00465 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) O. STATE ARYLAND o. COUNTY. b. COUNTY delay is and 3 ta A3. Page af MARYLAND ALTIMORF (If outside corporate c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RUKAL and give nearest town) write RURAL and give negrest town) ARBUT OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office alang with form haurs in Item 18. Give Pages 1, 1252 STEVE NO 24 haurs after death. 3. NAME OF 4 DATE DECEASED OF DEATH AV within . (Type or print) 12 with t S SEX 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last birthdoy) DIVORCED event and 2 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State oreign country) 12. CITIZEN OF WHAT during most of working life, even if retired? COUNTRY? INDUSTRY any LAUNDRY WORKER ARROLL SAUNDRY pages in any be executed within and 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service) removal, 056523 pending should be forwarded ta the Chief Medi 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Б IMMEDIATE CAUSE (o) This certificate shauld writing the ward cremation, DUE TO OSCLEROTIC Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 0 burial, WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(□) the certificate. NO 0 pe 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, priar AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) may be retained tar your FUNERAL DIRECTOR: Page foctory, street, office bldg., etc.) Not While ot work please execute funeral directar. Page designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 3 Inquiry X ond in my opinion deoth resulted from: Suicide . Undetermined monner Noturol couses Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL FXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER Health or **EXAMINER'S** Address (Street, city, town, or county) 6348 FREDERIC NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 REMOVAL (Specify) Tavlorsville Cemeterv 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 6 Miarlen Waltz Box VR A15ME (5) Sykesville, Md. JAN 1967 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00464 00466 papers. Pages 1 and 2 hin 72 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH campletely filled in by the funeral nave carban papers. Pages 1 and b. COUNTY o. STATE o. COUNTY MARYLAND BALTIMORE MARYLAND be executed within 24 haurs after CITY OR TOWN (If outside carporote limits, write RURAL ond give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) 2 1/2 HOURS BALTIMORE FORT HOWARD d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) ON A FARM? 1925 N. DIVISION STREET VETERANS ADMINISTRATION HOSPITAL 4. DATE and in any event, with NAME OF First Last Manth Day Year attending physician and campletely to perform Then please remave carban DECEASED JANUARY 9 67 F. WARFIELD CHARLES DEATH (Type or print) IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 61pst birthdoy) Dovs APRIL 13, 1902 NEGRO WIDOWED MALE DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) U.S.A. during mast af working life, even if retired) INDUSTRY HARFORD COUNTY, MARYLAND BALTIMORE CITY he law requires that the death certificate STREET CLEANER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GAROW SHEPHERD JAMES WARFIELD 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war ar dates af service) burial, cremation, or CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. 705 10 31 27 II WW YES INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transity HOSETRIS DEATH INTRAPERITONEAL HEMORRHAGE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO LIVER CIRRHOSIS YEARS Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION far use NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (Caunty) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Hour a.m. Nat While at wark at wark __, that (\mathbf{f} (we) last 21. I certify that (**) (this haspital) attended the deceased fram-*20PM fram causes and an the date stated abave. and that death accurred a saw the deceased alive an 22b. DATE SIGNED 1/9/67 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING M.D. 22d. ADDRESS 22c. PHYSICIAN'S JORGE A. FABARA, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) directar, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION, BALTIMORE NATIONAL BALL'IMORE. MARYLAND 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Bullock Funeral Home VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00465 00467 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 haurs after deoth. death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY BALTIMORE MARYLAND papers. Pages 1 in 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

FORT HOWARD c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 133 DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled VETERANS ADMINISTRATION HOSPITAL 2810 ALLENDALE ROAD NO T carbon NAME OF × First Middle 4. DATE Lost Month Year campletely DECEASED CARL WARNER 19 67 JANUARY (Type or print) DEATH 7. MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH **NEVER MARRIED** birthdoy) Dovs Hours JANUARY 8, 1908 In ony WIDOWED DIVORCED NEGRO MALE pup 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if retired)
CRANE OPERATOR COUNTRY? INDUSTRY BALTIMORE, MD. physical ren ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya HOWARD WARNER FLORENCE JENNINGS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 10 219 01 68 89 CLIN. RECORDS, VA HOSPITAL FT HOWARD, MD. YES cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: OME WHEN EN CARCINOMA OF LARYNX IMMEDIATE CA signed buriol, UNKNOWN Conditions, if ony, which gove ABSCESS OF LEFT UPPER LOBE rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPS)
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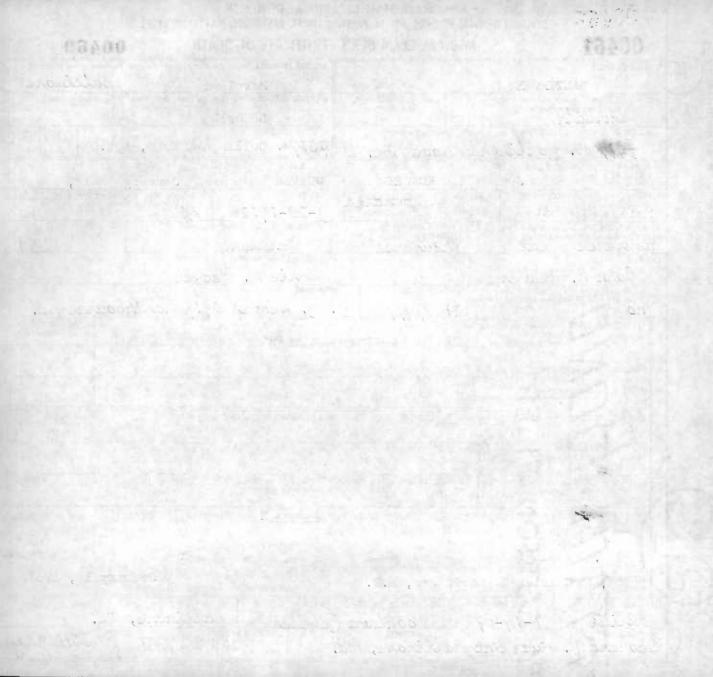
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24. FUNERAL DIRECTOR

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< 1	It	ems 18&21 Film 385 2-1MARYLAND STATE DEP DIVISION OF VITAL RECORDS, 301 W. PRESTO		
FOR STATE			CERTIFICATE OF DEATH 004	69
HEALTH DEPT.	7	PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence a. STATE b. COUNTY Ba	before odmission) Ltimore
within 24 hours after death. If any delay is a pencil in Item (F-Cyc Pages 1, 2, and 3 to Examiner's Office along with farm PM3. Page File pages 1 and 2 with the State Department of hours after death.		b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carparate limits, write RURAL and give a Dundalk	3.1
death. If an Pages 1, 2, with form I state Depo		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 7817 W. Collingham Road Apt. D	d. STREET ADDRESS 7817W. Collingham Road, Apt.D	e. IS RESIDENCE ON A FARM? YES NO
death. ye Page g with f		NAME OF First Middle DECEASED (Type or print) JOHN ROBERT		Doy Year 16, 19 67 YEAR IF UNDER 24 HRS.
n feeth]	SEX 6. COLOR OR RACE White Widowed Divorced USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	3-20-1912 (ast birthday) Manths (Days Hours Min.
24 ho I in Iter er's Off ges lan after d	90	1. USUAL UCCUPATION (GIVE kind of work done ing most of working life, even if retired), HDUSTRY STATHER'S NAME FATHER'S NAME		NTRY?
d withir in penci Examin File pa		John R. Weaver	Marie M. Meckes INFORMANT Address	
xecuted nding" ir Medical I permit.	(Ye	is, no, or unknown) (If yes give wor or dates of service) 212074770 G 18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).)	1. E. Weaver 1915 Northbown	ine Rd. INTERVAL BETWEEN
shauld be executed within 24 hours in evard "pending" in pencil in Item to the Chief Medical Examiner's Office burial-transit permit. File pages 1 and 2 v any event within 72 haurs after death			tic heart disease	ONSET AND DEATH
the state of the s		Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse		
This certificat cate, writing be farwarded lbe used as gremaval, and	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
Thi ficati lbe ld be	CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	(Enter nature of injury in Part I or Part II of item 18.)	
EXAMINER: cute the certi age 4 should r your files. Page 3 shau crematian, a	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL/ Haur a.m. 19 20d. INJURY OCCURRED 20e. PL/ While Not While of work 0	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.) (City or town) (Caun	ty) (State)
a Star Pe		21. I certify that I taak charge of the remains described above, he death resulted from: Natural causes , Accident , Sui	cide, Hamicide, Undetermined manner	and in my apinian
UTY MEDICA Iny, please esterol director. be retained RAL DIRECTO prior ta burio		ACTUAL SIGNATURE Clianles J. Sportal	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER .Tanuary	22. DATE SIGNED
TO DEPUTY necessary, F the funeral 5 may be n TO FUNERAL Health prior		EXAMINER'S NAME (Type) Charles S. Springate, M.D.	Address (Street, city, tawn, ar caunty)	
To F		2. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR EMOVAL (Specify) 1-19-67 Woodlawn	Comotony Baltimore, Md.	Caunty) (State)
VR A15ME (5)	1 24	eonard J. Ruck Inc Baltimore, Ma	256 REC'D BY REGISTRAR 3 1967 JAN 2 3	arles Judge



AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY 6 COUNTY MARYLAND \$ 24 b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Catonsville Baltimore 5d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS NAME OF DATE Middle Month DECEASED OF (Type or print) DEATH George 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) AMERICA, Y.S.A. Color Matcher Davis Paint Co. Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Otto Weibe Bessie M. Carson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive war or dates of service) 220-03-4253 Mrs. Margaret R. Weibe, 1920 Wilmington Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: VASCULAR SORIDENT IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While at work at work saw the deceased alive on... 22a. SKINATURI ATTENDING PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS 23a. BURIAL, CREMATION, | 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

Loudon Park Cemetery

21229

ADDRESS

IS RESIDENCE

ON A FARM? YES NO

Year

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO V

(State)

SIGNED

(Stete)

Baltimore, Maryland

Charles

25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

VR A15 (4) 1SM 7-62

0

REMOVAL (Specify)

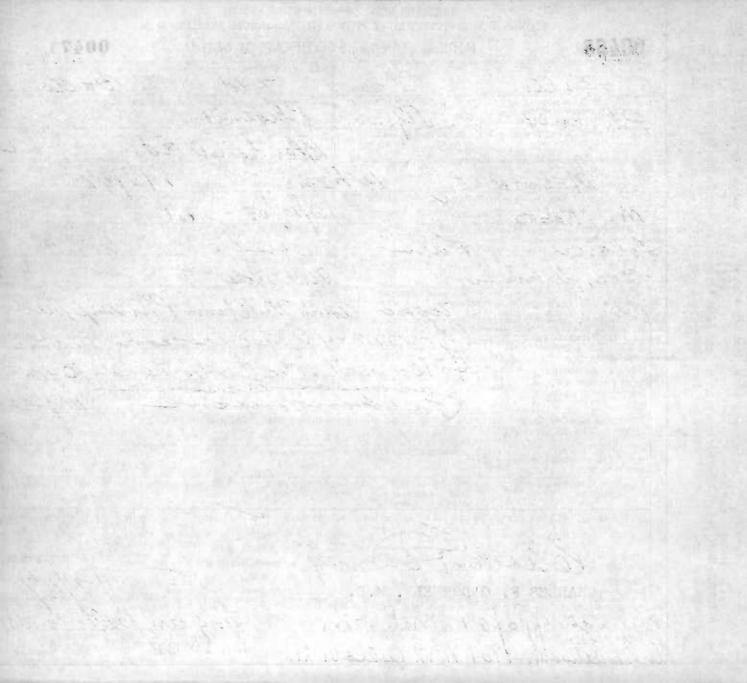
Burial

24 FUNERAL DIRECTOR'S SIGNATURE

-19 - 1967

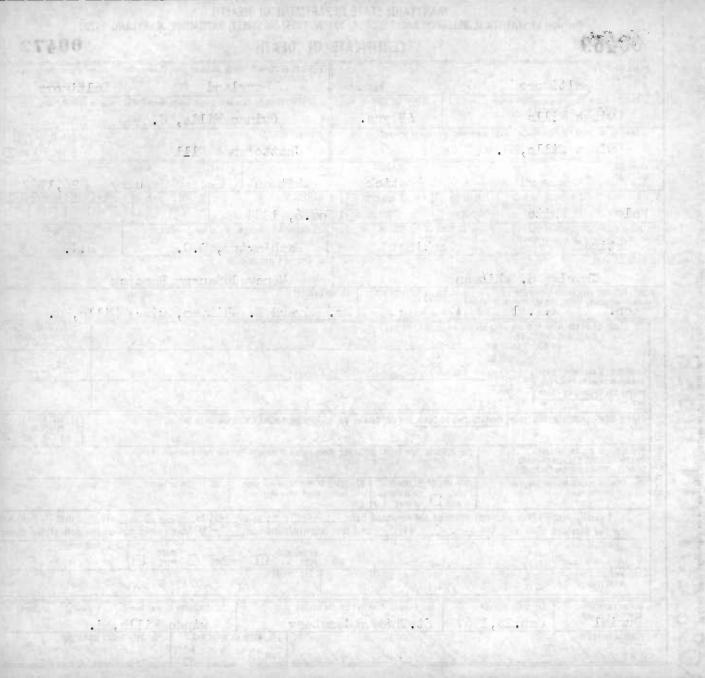
Howard H. Hubbard, 4107 Wilkens Avenue

brains of the state of the stat Manual R. Bants Physical Medicals Avanta . 2 229



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00469 00472 CERTIFICATE OF DEATH the attending physicion and completely filled in by the funeral sit permit. Then please remove carban papers. Pages 1 and 2 nation, or removal, and in any event, within 72 hours after death. requires that the deoth certificate be executed within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland Paltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 43 Owings Mills.Md. VI'S. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Owings Mills . Md . Chattolanee Hill YES NO K NAME OF Middle 4. DATE Lost Month Dov Year DECEASED Bostick Whitman Edward January 26.1967 (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdov) Months Doys Hours White Male WIDOWED DIVORCED Nov.6. 1888 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY. COUNTRY? Washington, D.C. Banking 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles S. Whitman Nancy deSaurre Bostick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. Edward B. Whitman. Owings Mills, Md. IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DHE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work ot work 4K to Ser 26 . 1961, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ should Gan 25 1967, and that death occurred at 3 13P M, from causes and on the date stated above. saw the deceased alive an 226. SIGNATURE MED. DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S PAIMER 22d. ADDRESS BWINGS Kills. director, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Jan. 28, 1967 St. Thomas Cemetery Owings Mills, Md. 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE lianter VR A15 (4) 20 M 1/66 DATE.

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00470

CERTIFICATE DEATH OF

00473

		002.0			CEIVIII	IICAIL	OI DEAIII						
		LACE OF DEATH					2. USUAL RESIDENCE		eased lived, if institu	tion: Reside	nce before o	dmission)/	
वध्यु द	(o. COUNTY	Baltimore		MAR	RYLAND	o. STATE D. (Pri	nce a	eorge	Co.	
Indition, of refinding with event, within 12 hours of or		CITY OF TOWN (If outside cornerate lin	nits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o		orate limits, write R	JRAL and gi	ve nearest to	own)	-
		Catons	give neorest town)		2vr.6mo.	22.4	Washi	neton			4	72	
			AL OR INSTITUTION (IF	nat in haspital,	give street address)	clos.	d. STREET ADDRESS	ILE COLL			e. 1	S RESIDENCE	
10		SPR	ING GROVE	STATE H	COTTAT		6305 East	tern	Ave N.E		YES		
	3	NAME OF	ING GROVE	First	Middle		Lost	4. DATE			Doy	Year	
		DECEASED	ENTINE T A		middle			OF			-	19	
	S.	Type or print)	6. COLOR OR RACE	7. MARRIED	NEVER MARRII	ED [] 8	DATE OF BIRTH	DEAT	9. AGE (In years		R 1 YEAR IF	UNDER 24 H	67
	3.		O. COLOR OR RACE	WIDOWED	DIVORCE			150	lost birthday)	Months	Days	laurs M	in.
	10.	male	negro (Give kind of work do		IND OF BUSINESS OR		2-10-86	. O Chado as	80 Yrs.	1 12 /	ITIZEN OF W	TAIL	
	duri	ng most of working	life, even if retired)	ne IUD. K	IND OF BUSINESS OK		II. BIKIMPLACE (COUNT	y & 3101e, 01	loteigh coomity)		OUNTRY?	TIAI	
)		retired					Massachu 14. MOTHER'S MAIDEN	setta			0.0.		_
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
		unknow	1				unk	nown					
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCE		SOCIAL SECURITY NO.	17. 11	IFORMANT		Add	ress			
	1,0	3, 110, 01 0111110 4111)	(ii yes give wor or our	ss or sorvice,		Rec	ords: SPRIN	G GRO	VE STATE	HOSPI	TAI.		
		18. CAUSE OF D	ATH (Enter only one	couse per line fa	(p), (b), ond (c).)							AL BETWEEN	
1		PART I. DEA	TH WAS CAUSED BY:	SE (a)	neumo	ma)				ONSEI	AND DEATH	_
1		443	Y	UE TO		1013001					3	day	1
		Conditions, if ony		(b)								The state of	_
		rise to immediat stating the unde		UE TO								0	
		last.	living coose	(c)					U10 5.25			4.79	
		PART II. OTHER SI	GNIFICANT CONDITION	S CONTRIBUTING	TO DEATH BUT NOT RE	ELATED TO T	HE TERMINAL DISEASE CO	ONDITION G	IVEN IN PART 1(o)		19. W	AS AUTOPSY	_
2	CERTIFICATION	NENE	EXCEPT S	0:00	ba						YES	RFORMED?	4
	FICA	20a. ACCIDENT WA		205. D	ESCRIBE HOW INJURY	OCCURRED. (Enter nature of injury in	Port I or F	Part II of item 18.)				_
	CERT	OR CONTRIBUTING	CAUSE OF DEATH		nm	٠.							
			JRY Month, Day, Year	20d	NJURY OCCURRED	20e PLAC	E OF INJURY (Home, for	m. 20f	. (City or town)	10	ounty)	(Stot	16
	MEDICAL	Hour a.i	n.	TANKEL	Not While		ry, street, affice bldg., etc					9-5-3	
		p.1	11.	of wo	rk ot work	d from	June 10	106	tolon 1	10	67, that	M (wa)	loc
		zi. i cerri	occased alive an	Tompore	r 1/2) 106.7	and that	death occurred a	11. 25	M from causes	and an	the date	stated al	nove
		22a. SIGNATURE	eceused dilve dil	Januar.	,		dodin occomod a	Sec. N	200, 110111 10050		DATE SIGNED	310100 01	-
		ZZG. SIGNATORE	Millen	111.1	and	M.C	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	J	an. 1	. 196	7
		22c. PHYSICIAN'S	Jeroore	10067	1010-	· .	22d. ADDRESS	DIRECTOR	111131				
1		NAME (Type	Allen	W. Lane			Spring	Grove	State H	ospit	al		
-	230	BUR AL CREMATION	ON, 23b. DATE	THEREOF	1 23c. NAME OF CE	METERY OR (REMATORY	23d.	LOCATION (City or)	(wn)	(Country)	(Stote	_
	230	REMOVAL (Specify		1611	mille	line	17	11/1	Church	ne 1	CC		
	24	. FUNERAL DIRECTO	OR O	1	ADDRESS		California 250. REC	D BY REGI	STRAR 2Sb.		SIGNATURE	7 7	
		XDI.	T. Alyes	es Qi.	3015-19	STE	DE. DATE	4 31 E	1967	Milia	res &	udge.	
	1	1 10 1211	21 1000		/ / / / //	. , ,	DAIL DAIL	11 13	1.10/	11	- (1		

director. Page HEALT DEBT.

Jory vour files.

Department of death.

TO DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any you is necessary, please exect.

4 should be in-warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain. For your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transity File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and may event within 72 hours after death.

VR A15ME 5M 1/62 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10471

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10474

nga							
١.	1. PLACE OF DEATH e. COUNTY			» STATE	ICE (Whara deceased livad, II b. COU		danca bafora edimission)
	В	altimore	MARYLAND	Mary]	land	Bal	timore
	b. CITY OR TOWN (if out		c. LENGTH OF STAY IN 16	CITY OR TOWN	(If outside corporete limits, wri	te RURAL and gi	ve neerest town)
	write RURAL and give Essex (\		Essex	(21)		03.1
	d. NAME OF HOSPITAL	OR INSTITUTION (if not	in hospital, giva street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
10	Box 272 Holl;				olly Neck Rd.		YES NO X
	3. NAME OF DECEASED	First	Middla	Last	4. DATE Mon	th D	ey Yaer
	(Type or print)	CHARLES	JAMES WOLFE		DEATH Januar		19 67
	5. SEX 6.	COLOR OR RACE 7. M	ARRIED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years last birthday)	the same of the sa	
	Male	White wit	OOWED DIVORCED S	ept. 14, 190		Months Day	s Hours Min.
	10a. USUAL OCCUPATION		IDS. KIND OF BUSINESS OR INDUSTR			12. CITIZEN	OF WHAT COUNTRY?
	Huckster	ilita, avan it ratired)	Produce	Maryland		US	A
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	I NAME		
	William	Wolfe		Lula E	radyhause		
	15. WAS DECEASED EVER IN (Yas, no, or unkown) (Ifyes		16. SOCIAL SECURITY NO. 17. I	NFORMANT	Addres	15	
	No No	Alva was or galazor set Alca		rgaret Wolfe	Same		
	18. CAUSE OF DEAT	TH [Enter only ona cause	per line for (a), (b), and (c).]	n			INTERVAL BETWEEN
	PART I. DEATH W.	AS CAUSED BY: EDIATE CAUSE (a)	(or my AC	clusion			ONSET AND DEATH
	1/201	DUE TO	2	Bease			
	Conditions, if any, w		H-5-C-1/-1	1 SOAse		100000	
	gava risa to immediate	ceuse		10000			
	(e), stating the under	lying DUE TO					
	cause last.	(c)	S CONTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERM	INAL DISEASE CONDITION OF	VENT INT DART SI	11 10 WAS AUTODON
2	PARI II. OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	I RELATED TO THE TERM	INAL DISEASE CONDITION GI	YEN IN PAKI I(a	PERFORMED?
5	3						YES NO
	PART II. OTHER SIG		DESCRIBE HOW INJURY OCCURED. (E	ntar nature of injury in Pa	ort I or Part II of itam 18.)		
	3 2Dc. TIME OF INJURY	Month, Day, Yaar		CE OF INJURY (Home, far		(County)	(Stata)
	2Dc. TIME OF INJURY Hour e.m.	10	While Not While factor at work at work	ory, straet, office bldg., at	c.)		
			remains described above, he	ld an Autonsy	Inspection Inqu	iry a	nd in my opinion
							nd in my opinion
	death resulted from	i: inatural causes	, Accident Sujci		_	manner	
	1	NY	1 2 m.1	CHIEF MEDICAL			
	ACTUAL SIGNATURE	190	and I'll	M.D. ASSISTANT MEI	DICAL EXAMINER		DATE SIGNED
2	EXAMINER'S M	Dovie M	.D. 6800 Morningto		AL EXAMINER A		2 7060
4		22b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, tow	anuary 1	(Steta)
	REMOVAL (Specify)	1/16/67	Parkwood Ceme		Baltimore, M		10.0107
6	23. FUNERAL DIRECTOR	1110101	ADDRESS		C'D BY REGISTRAR 24b. RE		ATURE
P	- dimen	Hudgen	ale			0.00/	
1	Bruzdzinski	Funeral/Hom	e 1407 Eastern Av	e. #21 DATE	JAN 16 1967	Jeliane	& Juage

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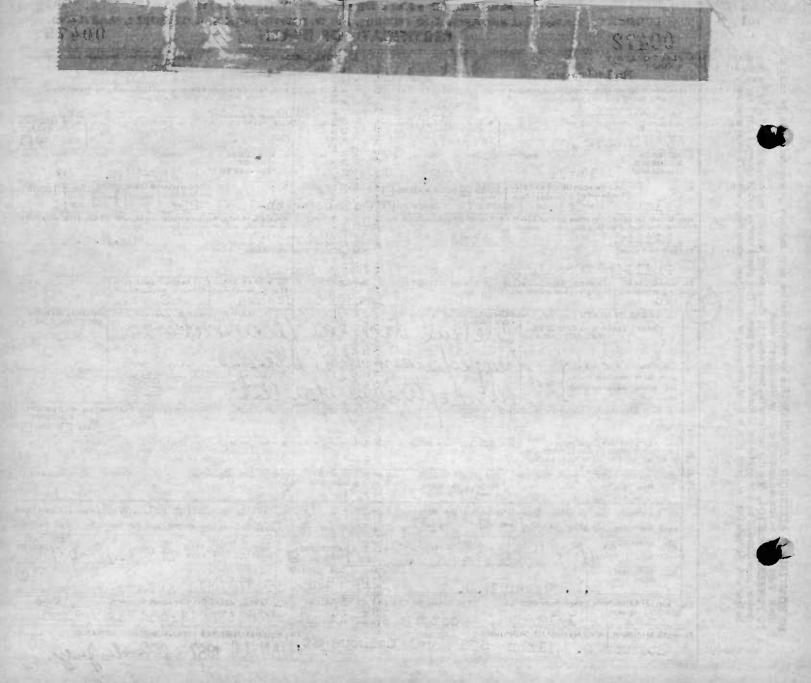
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arazatalatki minepal nome 1407 sustern ave. #21 am JAN 1987 1 Servey

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h the	0			(if outside corporete limit:	,	c. LENGTH OF ST.	AY IN 1b	c. CITY OR TOWN (If outside corporete limits, w	ite RURAL end give	neerest tow	n)
24 de 1	5		Catonsv	d give nearest town)		Life		Cator	nsville	1	3.1	
E P	5			ITAL OR INSTITUTION (if	not in hos	the same of	ress)	d. STREET ADDRESS	TOATTIE		. IS RE	SIDENCE
Page 1	111			ers Avenue				DD Want	Λ======		YES	NO IXI
de la	200	3	NAME OF	First		Middle		Last	er Avenue	oth Dey	Year	HO Ed
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om d			(Type or print)	Charles		С.		odland		ry-9th.	19	
bo co		5.	SEX	6. COLOR OR RACE	7. MARRIE	D MEVER MARRI	ED E	. DATE OF BIRTH	9. AGE (In yee last birthday	Months Deys	IF UNDER	Min.
to a			Male	Col.	WIDOWE	D DIVORCE	D [] (ctober-9th		Monnis	110013	140.04
cate ian ve		10a	USUAL OCCUPA	TION (Giva kind of work	10b. KI	IND OF BUSINESS O	R INDUSTI	RY 11. BIRTHPLACE (Cour	nty & State, or foreign count	y) 12. CITIZEN	F WHAT	OUNTRY?
rtifii		do	Retierd	orking life, even if retired	- m - m	0200		Catons	7170	U.S.	Λ	
S de	5	13.	FATHER'S NAME		1 7/	one		14. MOTHER'S MAIDEN		1 0.00	17.0	
ath on a season in		-		_ *** - 77	2							
P ipid		1	Philli	1100000121				Sarah	1 Lee			
the her	Ď			VER IN U.S. ARMED FOR (If yes give war or detes of se		SOCIAL SECURITY I	1 -	INFORMANT				
he he			No					acille Cer	phas	Same		
S THE	6	1		DEATH [Enter only one	cause per li	ine for (e), (b) and	(c)]	1. 0	100	IN O	TERVAL BÊT NSET AND I	DEATH
d b	5		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	POAG	Max	Jac	uller lu	eldeux			
phy phy sit	5		441	X DUE TO	~		1	011				
Y Sign			Conditions, if ar	/	(1),,	noilous	use.	Q. V. IVIS	egalse.	The state of		
dir dir	5		geve rise to imme	diete ceuse	Ny	and the same		01/100	00/			
The steel	i.		(e), steting the	underlying DUE TO	alle	. Vanla	LIX	in (10,1)	1,1			
	5		cause lest.) (c)_	cer	Megni	ua	w, yeur	acco,			LITOREY
LAN al		O	PART II. OTH	ER SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEA	TH BUT NO	OT REVATEDITO THE TERMI	NAL DISEASE CONDITION	SIVEN IN PART 1(e)	PERFC	RMED?
Spirit Spirit	5	CERTIFICATION									YES	NO 📑
Po Cer	5	I E		WAS UNDERLYING	20b. DES	CRIBE HOW INJURY	OCCURE). (Enter neture of injury in	Pert I or Pert II of item 18.)			
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0 5 p 6 9	D D	7	20c. TIME OF IN.	IURY Month, Dey, Yes	r 20d.	INJURY OCCURRED	20e. PL	ACE OF INJURY (Home, far	m, 20f. (City or town)	(County)		(Stete)
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E B C B	<u>0</u>		saw the dece	ased alive on	+7	196.	and that	death occurred at/2	20M, from the causes	and on the da	te stated	above.
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O. T. D.	6 /	-	DIRIAL CREAT	TION, 23b. DATE THER		23c. NAME OF	CEMETERY		23d. LOCATION (City,		ıs	tate)
Heart Fire	9	23	REMOVAL (Specif	y) 7 /7 C / C							ylan	
Sec. Da	•		Burlal	17/15/6	1	Vester	I STa	ar Cemetary			V	
VR A1	5 (4)	24	FUNERAL DIRECTO	OR'S SIGNATURE	n 5	23 North	Cal	houn St. RE	C'D BY REGISTRAR 25b.	REGISTRAK'S SIGNA	TURE	
15M	7-62		Stetso	n D. Wilso	011 0	20 1101 01.		DATE	N 10 1967	Munices	udas	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00473 00476 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay 1. o. COUNTY o. STATE b COUNTY Poge JO. Baltimore MARYLAND Maryland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) State Deportm 10 days Sparks 21152 Towson IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS form Walters Lane NO X St. Joseph Hospital YFS Item 18. Give Pages This certificate should be executed within 24 hours ofter death. Office olong with NAME OF First Lost 4. DATE Month Year Dov DECEASED and 2 with the WOODWARD 19 67 January Lillian DEATH (Type or print) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours White January 23,1901 72 haurs ofter death. WIDOWED DIVORCED Female 11. BIRTHPLACE (State or foreign country) 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Maryland not employed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pener Harry Walters Daisy Bell Shoppert File = IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service within 212-07-6262D Mrs. Vivian Corbin Same as 2-D 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and PART I DEATH WAS CAUSED BY event IMMEDIATE CAUSE Word DUE TO ony Conditions, if ony, which gove rise to immediate cause (a), 10 DUE TO stoting the underlying couse e, writing the forworded to puo last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DELIVERELAP WAS AUTOPSY PERFORMED? removol, YES X the certificote, NO 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING 0 CAUSE OF DEATH. MEDICAL 2Dc. TIME OF INJURY Month, Doy Year (City or town) (County) (Stote) foctory, street, office bldg., etc. of work 21. I certify that I took charge of the remains described above held an Autapsy Inspection Inquiry FUNERAL DIRECTOR: ond in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MFDICAL EXAMINER 22. DATE SIGNED SSISTANT MEDICAL EXAMINER prior DEPUTY MFDICAL EXAMINER NAME (Type) CHARLES F. O'DONNELL, M.D. moy Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 50 BREMOYAL (Specify) Jan. 7,1967 Dulaney Valley Cemetery Cockeysville, Maryland 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
Wm. Cook-Brooks Towson 1050 York Road VR A15ME (51) Charles Judge Towson, Maryland 21204 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 99474 CERTIFICATE OF DEATH 00477 death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death the ottending physicion and completely filled in by the funeral sit permit. Then please remove carbon, papers. Pages 1 and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY Baltimore a. STATE b. COLINTY papers. Pages 1 in 72 hours ofter MARYLAND Maryland b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) Baltimore 21234 d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospitol, give street address) 22 darre d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2428 Harwood Road St. Joseph Hospital F YES NO NO 3. NAME OF First ventewit Middle Lost 4. DATE Month Day Year DECEASED 24 始 19 67 January Wright DEATH Mmer Howard 5. SEX 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Manths Days Hours Male White 10-28-13 ond in ony WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired) 11, BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY Ls &Crafts COUNTRY? Mater Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, or removol, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs Naomi Wright 2128 Harwood Road 272-07-51-73 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit ONSET AND DEATH Arteriosclerosis of Aorta signed by IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or ottending physicion. DUF TO Canditians, if any, which gave rise ta immediate cause (a). r this certificate hos been si detoched for use os the b te Dept. of Heolth prior to b DUF TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO K 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) Hour am factory, street, affice bldg., etc.) Nat While at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from Jan. 2nd saw the deceased glive an 1250 Jan. 2416 , 1907, that (I) (we) last director, page 3 should should be filed with the saw the deceased alive an , and that death accurred at M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED Jan. 24 1967 ATTENDING MED. DIRECTOR Por deponere_ M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Pridipongse Vithespongse M.D.7620 York Road Towson 21204, Maryland 23b. DATE THEREOF 23a, BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) Gardens of Frith Cometer Baltimore 27-1067 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00476 CERTIFICATE OF DEATH certificate be executed within 24 hours ofter death deoth, physicion and completely filled in by the funeral en please remove carban popers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY g. STATE Baltimore hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Reisterstown Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? event, within 72 9 Delight Road 9 Delight Road YES NO 3 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED Lillian Yox M. January 31. 19 67 (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. birthdoy) Months Doys Haurs X June 16, 1889 ond in ony WIDOWED White DIVORCED Female 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Balto. Co. Md. Housewife 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, Laura Bieswanger David L. Kendig 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT PHYSICIAN: The low requires that the deoth burial-tronsit permit. (Yes, na, ar unknown) ((If yes give war ar dates af service) 219-30-9967 Mrs.Ethel V. VonGunten Reisterstown. Md. No 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic C-V Disease IMMEDIATE CAUSE (a) _ signed by DUF TO burial, Canditians, if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the Stote Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Acute Bronchitis NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER TO THE 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While none ot work ot work 21. I certify that (I) (this dissiplied) attended the deceased fram 4-30-42 1-31-67 19 that (1) (We) last . ta 19 67, and that death accurred at 8 A M, fram causes and an the date stated abave. saw the deceased alive an Jan. 25 22b. DATE SIGNED 22o. SIGNATURE ATTENDING 2-1-67 M.D. DIRECTOR PHYS. 22d. ADDRESS 6 Hanover Rd., Reisterstown, Md. 22c. PHYSICIAN'S NAME (Type) D. Caples, M. D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) BREMOVAL (Specify) All Saints Reisterstown, Md. 2/3/67 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR Minules J. F. Eline & Sons Reisterstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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00477 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE Page b. COUNTY D the State Department af Baltimore MARYLAND Baltimore delay b. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) and PM3 Baltimore 12 Baltimore 12 d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm in pencil in Item 18. Give Pages 1, 505 Regester Ave. Regester Ave YES NO X alang with 3. NAME OF Middle 4. DATE Last Manth Day Year DECEASED Zito 67 Salvatore (Type or print) DEATH 19 and 2 with S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 5-18-1899 9. AGE (In years 7. MARRIED **NEVER MARRIED** birthday) Manths Hours M W death. This certificate should be executed within 24 haurs Office (WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY, COUNTRY? Meat Shop Owner

13. FATHER'S NAME Italy the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME Frank Zito Rose Fertitta File hou IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war ar dates of service and in any event within Mrs. Minnie M. Zito Above No 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a please execute the certificate, writing the word DUE TO Conditions, if ony, which gove rise to immediate couse (a), farwarded ta DUE TO stating the underlying cause Ó gp removal, WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART YES NO pe 4 shauld be 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld 10 PRIMARY Or CONTRIBUTING O DICAL EXAMINER: CAUSE OF DEATH. crematian, MEDICAL 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form (City ar town) (County) (State) Nat While Haur a.m. factory, street, affice blda., etc.) may be retained far yaur FUNERAL DIRECTOR: Page at wark at wark L 21. I certify that I took charge of the remains described above, held on Autopsy Inspection -Inquiry and in my opinion funeral directar. Natural causes death resulted from: Accident Suicide Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER Charles F . 0 Donnell Health Address (Street, city, town, ar county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 1-5-67 Balto. New Cathedral Md. 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) &Sons Co. 4905 York Rd. , Baltoner

